

# みんなくりポジトリ

国立民族学博物館 学術情報リポジトリ National Museum of Ethnology

Thoughts on well-being and citizens working together : alternative care practices in Canada and Denmark : report of an international workshop

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*Report on Core Research Project, National Museum of Ethnology*

*Project: "Anthropology of Life Design and Well-being:*

*Studies on the Creation of Multifunctional Space and its Flexible Application"*

*Report of an International Workshop*

**Thoughts on Well-being and Citizens Working Together:  
Alternative Care Practices in Canada and Denmark**

Venue: National Museum of Ethnology

Room: Seminar Room No. 3

Date & Time: Feb. 27, 2009 (Fri) 1:30-5:00 p.m.

Sponsor: National Museum of Ethnology, National Institutes for the Humanities

## Preface

Nanami Suzuki (Professor, National Museum of Ethnology)

This is the *Report of an International Workshop*, “Thoughts on Well-being and Citizens Working Together: Alternative Care Practices in Canada and Denmark. The workshop was being held to publicize the results of a study on “Anthropology of Life Design and Well-being: Studies on the Creation of Multifunctional Space and Its Flexible Application,” a core research project (leader: Nanami Suzuki, vice-leader: Mariko Fujita-Sano) of the Research Institute of the National Museum of Ethnology for fiscal 2008.

In the modern world, plurality is progressing rapidly thanks to the global migration of people and the increase in the amount of information. Japan is no exception to that trend. In fact, a variety of industries in Japan have hired foreign workers, especially the field of nursing-care for the elderly. At the end of January, headlines in Japan featured the news that trainees from Indonesia had started working in their new posts across the country. Thus, one urgent issue facing Japan is how citizens can coexist in a pluralistic society that is both rapidly aging and seeing the birth of fewer children. This project aims to promote basic research and applied research simultaneously, and to put them in practice.

The lecturers invited to speak at the workshop have supported this project from the outside. They have taken time out of their busy schedules to come all the way from abroad to attend the workshop. We were delighted to hear reports from Canada and Denmark, two countries in which collaboration with citizens has been carried out with the recognition that society is diversifying.

I have been deeply interested in the coordinated endeavors in countries such as Canada and Denmark to realize people’s “well-being” in multicultural aging societies. Although the word “well-being” is often taken to mean such things as good life, happiness, or comfort, each person, not only professional but also ordinary people, must reflect on his or her own “well-being”, expressing it and adjusting it to his or her own situation so as to realize his or her life design.

The discussion featured researchers of care activities as well as people working directly in various care settings to meet a variety of needs of people, accommodating them and supporting co-working activities to fulfill their expectations.

We focused on alternative care, an activity willingly supported by people to develop the potential of desired lifestyles and relationships. That shed light on the elements that comprise people’s well-being, enabling us to better consider the processes by which specific facilities and institutions have created multi-layered co-working spaces. In those spaces, people are encouraged to express their own ideas and preferences, rather than simply being recipients of unilateral support.

The presentations and discussions given in this workshop allowed us to accumulate a wealth of new information and helped us clarify the problems that confronted us. I eagerly hope that all of us will continue to think about how to use that knowledge as a foundation for reconsidering our own well-being as a whole, and how to serve each of our communities, not just as professionals but also as citizens leading our lives there. To that end, I would like to ask everyone who attended the workshop to continue to cooperate in this project. I am also grateful for the presence of research fellows and cooperating researchers who have worked on this project and who have prepared various research results to present. I deeply appreciate the fact that the attendants have gathered their wisdom, developed new ground, and transmitted information.



Fig. 1 Opening Remarks



Fig. 2 Discussion

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## Opening Address

Dr. Matsuzono, Director-General, National Museum of Ethnology

Distinguished guests, colleagues, ladies and gentlemen,

It is a great honour to have you all present at this occasion today. I would especially like to welcome Prof. Fumiko Ikawa-Smith, Ms. Tilda Hui, Mr. Kiyoshi Dembo, and Mr. Tadao Chiba who have come all the way from Canada and Denmark just for this occasion. Welcome, and welcome back to Japan!

I am Makio Matsuzono, Director-General of the National Museum of Ethnology. I would like to ask you for a few minutes of your time and introduce our Museum. The National Museum of Ethnology, commonly known as Minpaku, is the first comprehensive ethnological museum in Japan, established in 1974 on the site of Expo'70 in Osaka. Minpaku is both a publicly open museum and a research center, where over 60 researchers conduct anthropological and ethnological researches. In the display area, Minpaku hold thousands of items collected and investigated by our researchers. I hope you will have a chance to browse through the display, too.

The Museum promotes core research projects in four domains, including the "socio-cultural plurality" that today's workshop is based on.

As we all experience today, plurality has become an inevitable phenomenon and has even been accelerated by so-called globalisation, or mobilisation of people and information. Japan is no exception. Many Japanese industries now hire foreign workers. Recently, a new law was passed to allow foreign care workers to legally work at care facilities for the elderly in Japan. At the end of January, the first Indonesian trainees arrived and started taking care of Japanese senior citizens across the country. It is an urgent issue for Japan and her people to consider how they can co-exist in a pluralistic society, where they experience rapid aging and a falling birth rate.

Reflecting the world situation as mentioned, our project aims to promote researches both basic/theoretical and applied. Moreover, what makes this project unique is that it puts much emphasis on the practical sphere. As you see in the program today, more practitioners than "pure" researchers are included.

For today's workshop, the speakers have supported this project from outside. They have taken time out of their busy schedules to come all the way from overseas. We are delighted to listen especially to the reports from Canada and Denmark. Each of those countries, experiencing the diversification of society, seems to have been successful in working on the problem with good collaboration between various sectors. It is an exciting moment for Minpaku to host those speakers and have them share their experiences with us. We are also grateful for the presence of fellow researchers, working on this project in

collaboration with their colleagues at Minpaku. I appreciate that you all have gathered the wisdom to develop a new ground of research and further transmit the outcomes.

As for myself, I have long conducted field research among the Gusii people in Kenya. With my broad interests, I have studied particularly their daily life, life cycle, family and gender, as well as their concept and practice of gender roles. The Gusii people's way of living suggests that we should reconsider the concepts of "life stage" and "fixed gender roles". In Kenya, for example, an elderly person plays an important role in managing and coordinating his/her own community.

Further, to make one's living in Kenya, it is necessary to pass culture from generation to generation. Cultural knowledge, or rather wisdom, is not something to be taught or passed on in the modern school system. Although Kenya is regarded as a single nation, people hold identities based on their ethnic groups. Inherited culture and art form the basis of people's identities. Also, identity is deeply connected with the dynamism of each community as well as communities in a region, where several ethnic groups mix together using different languages. Perhaps that is something that cannot be gained in the training methods standardized during the process of modernization.

It is my hope that this workshop will give us a prospect for the future, allowing us to discover the possibilities of new dialogues and networks that transcend disciplines and specific areas. I hope each of you to enjoy the opportunity. Thank you very much for your attention.

## Program

1:30 p.m. Opening Remarks

*Nanami Suzuki (Professor, National Museum of Ethnology)*

1:35 p.m. Welcome Remarks

*Makio Matsuzono (Director, National Museum of Ethnology)*

1:40 p.m. Introductory Remarks to the workshop

*Nanami Suzuki*

**<Session 1>** Chairperson: *Nanami Suzuki*

1:50 p.m. “Peer Design and Peer Learning”: Life-long Education Program at McGill Institute for Learning in Retirement (MILR)

*Fumiko Ikawa-Smith (Emeritus Professor, McGill University, Montreal)*

2:20 p.m. *Momiji* Outreach Programs for a Long-term Care Home in the Multicultural Society of Canada

*Kiyoshi Dembo (Outreach Coordinator, Momiji Health Care Society)*

2:50 p.m. Continuum Care and Cultural Awareness in Yee Hong Centre for Geriatric Care

*Tilda Hui (Executive Director, Yee Hong Center for Geriatric Care)*

3:20 p.m. “Schools without Examinations”: Folkehøjskole as the Foundation of Denmark’s Status as a Social-welfare Country

*Tadao Chiba (Director, Bank Mikkelsens Mindefond/ Director, Danish Japanese Cultural College)*

3:50 p.m. Intermission

**< Session 2>** Chairperson: *Nanami Suzuki*

4:00 p.m. Discussion

Commentator: *Mariko Fujita-Sano (Professor, Hiroshima University;  
Director, Hiroshima University Accessibility Center)*

## **The Thoughts of Well-being and the Co-working of Citizens: Alternative care practices in Canada and Denmark**

**Nanami Suzuki (Professor, National Museum of Ethnology)**

On behalf of the project organizer of “The Thoughts of Well-being and the Co-working of Citizens: Alternative care practices in Canada and Denmark,” I would like to thank all of you for taking time from your busy schedules to attend today’s international workshop. I am the project representative, Nanami Suzuki.

Today, we will discuss the subject of the “well-being” and “co-working of citizens”. To address those bases of welfare, we will spotlight Canada and Denmark, both countries of which are known as social welfare states, with alternative ways of implementing residential complexes for the elderly as well as universities and citizens’ schools.

Today’s workshop is being held to publicize the results of a study on “Anthropology of Life Design and Well-being: Studies on the Creation of Multifunctional Space and Its Flexible Application,” a core research project of the Research Institute of the National Museum of Ethnology for fiscal 2008.

To explore the topics of well-being and life Design more deeply, I have been researching such topics as alternative medicine, the lifestyle of the Anabaptist Amish (who do not adopt advanced education or modern civilization), as well as the related themes of the diversity of the family, such as international adoptions and assisted reproductive technology.

Although the word “well-being” is often taken to mean such things as good life, happiness, or comfort, each person must reflect on his or her own “well-being”, expressing it and adjusting it to his or her own situation, so as to realize his or her life design.

In today’s workshop, we will focus on a school and an elderly residential complex in Canada, a multicultural state, and Denmark, a social-welfare state. In addition, today’s discussion will feature researchers of care activities as well as people working directly in various care settings to meet a variety of needs of people, accommodating them and supporting co-working activities to fulfill their expectations.

In Presentation 1 Dr. Fumiko Ikawa-Smith will focus on the activities of some elderly people who have created their own programs of learning with peers at a Canadian university.

A continued-learning program, developed by McGill University in Montreal, is being operated as a volunteer activity by its members. Its motto is “peer design and peer learning.” After listening to case examples of this program, along with its learning groups, lectures, and

field trips, we will have an opportunity to think about the well-being of the elderly and the role that universities can play.

Generally speaking, elderly people in Canada do not live together with their children, so, many tend to live in senior-citizen's homes depending on their ethnicity or religion. One challenge of such facilities, however, is how to be open to their surrounding communities. Namely, that means getting out of one's shell and opening up to the possibilities of communicating and interacting with neighbors.

In Presentation 2 and Presentation 3, Mr. Kiyoshi Dembo and Ms. Tilda Hui will introduce residential complexes built for elderly people of specific ethnic groups, and which tend to be isolated from the community. They will talk about the developments of an outreach program in a facility built for elderly people of Japanese descent in Canada, as well as attempts by a facility for elderly people of Chinese descent to fulfill the goals of multiculturalism. They will also talk about co-working and efforts by the two facilities. After that, we will think about the roles of "outreach coordinators," as well as the use of co-working programs by people of different cultural backgrounds, ethnicities and generations.

In Presentation 4, Mr. Tadao Chiba will report on the "Folkehøjskole" that have played a significant role in Denmark, a country whose happiness level is said to rank number one in the world. "Folkehøjskole" are Denmark's unique training grounds first established in 1844 by N.F.S. Grundtvig, a poet and philosopher. Those schools do not have any examinations or qualifications. Instead, teachers and students live together and carry out dialogues. We will discuss their historical background and their significance as a pillar of today's education in Denmark. Further, the discussion will touch upon such issues as people's way of thinking about well-being and the community, as well as the kind of education needed to realize them.

We will also focus on alternative care, an activity willingly supported by people to develop the potential of desired lifestyles and relationships. That will shed light on the elements that comprise people's well-being, enabling us to better consider the processes by which specific facilities and institutions have created multi-layered co-working spaces. In those spaces, people are encouraged to express their own ideas and preferences, rather than simply being recipients of unilateral support.

The presentations and discussions given in this workshop will surely allow us to accumulate a wealth of new information and help us clarify the problems that confront us. I eagerly hope that all of us will continue to think about how to use that knowledge as a foundation for reconsidering our own well-being as a whole, and how to serve each of our communities, not just as professionals but also as citizens leading our lives there. To that end, I would like to ask everyone here to continue to cooperate in this project.

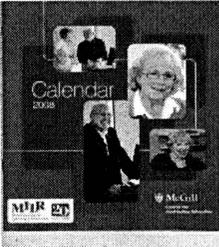
# “Peer Design and Peer Learning”: Life-long Education Program at McGill Institute for Learning in Retirement (MILR)

Fumiko Ikawa-Smith (Emeritus Professor, McGill University, Montreal)

ケベック州モントリオール市におけるマギル大学の  
高齢者学習グループの展開

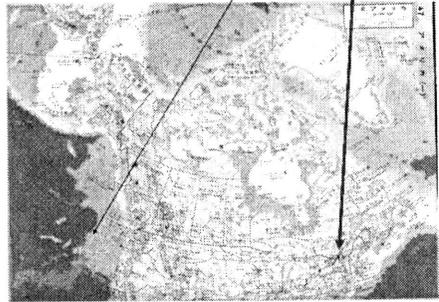
*“Peer-Design and Peer-Learning”: Life-Long Education Program at McGill Institute for Learning in Retirement (MILR)*

マギル大学 Fumiko Ikawa-Smith 井川史子



1. 背景設定	Background
1.1. モントリオール市	City of Montreal
1.2. マギル大学	McGill University
1.3. 生涯教育センター	Centre for Continuing Education
2. MILR	MILR
2.1. その歴史と組織	History & Organization
2.2. 学習グループ	Study Groups
2.3. 金曜・土曜の講義	Fri & Sat. Lectures
2.4. フィールド・トリップ	Field Trips

McGill Institute for Learning in Retirement (MILR)  
1.1. 背景: モントリオール市 City of Montreal 北緯45°30'N  
[Cf. 稚内 Wakkanai 45°25' J]



**Montreal** 

人口: 3,635,571 (2006国勢調査)  
カナダで二番目に大きい都市  
Second largest city in Canada (after Toronto)

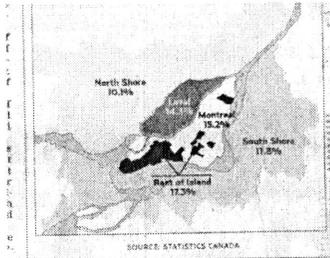
- Second largest French-speaking city in the world  
フランス語を話す人が世界で二番目に多い都市  
家庭で使う言語: Language spoken at home  
Fr. フランス語 70.5%; Eng. 英語 18.5%; Others その他 11.0%
- Over 80 ethnic communities  
エスニック・グループ 80以上
- 4 universities; 2 French language and 2 English  
英語の大学 (McGill 大学, Concordia 大学)  
フランス語の大学 (U. de Montreal 大学, U. de Quebec 大学モントリオール校)



モントリオールの人口構成: 高齢者の都市?  
Demographic Profile of Montreal: a Retirees' City?

Proportion of 65 and over 65歳以上人口の占める割合

Canada	カナダ全土:	13.7%
Province of Quebec	ケベック州:	14.6%
Montreal	モントリオール市内:	15.2%
Western Suburbs	モントリオール島西部の郊外:	17.3%



SOURCE: STATISTICS CANADA

背景: 1.2. マギル大学 McGill University  
 Established in 1821年創立  
 Formerly Mr. James McGill's farm, now in the heart of Montreal City  
 モントリオール市の中心部に所在: もとはジェイムス・マギル氏の農場

マギル大学 McGill University  
 Total enrolment (Fall 2008) 学生総数 34,208  
 Undergraduates 学部学生 24,025 (70.2%)  
 Graduates 大学院生 7,635 (22.3%)  
 Postdocs, fellows, etc. 研究生その他 2,548 (7.5%)

McGill Universityの性格:  
 Research-intensive University 研究活動活発な大学

**Medical Doctoral ranking**  
 The Maclean's ranking takes a measure of the undergraduate experience, comparing universities in three peer groupings. Those in the Medical Doctoral category have a broad range of Ph.D. programs and research, as well as medical schools.

OVERALL RANKING	STUDENTS & CLASSES		FACULTY			
	LAST YEAR	STUDENT AWARDS	STUDENT FACULTY RATIO	AWARDS PER FULL-TIME FACULTY	SOCIAL SCIENCES & HUMANITIES AWARDS	MEDICAL/SCIENCE AWARDS
1 McGill	(1)	1	5	2	1	4
2 Queen's	(2)	2	12	1	9	3
3 Toronto	(4)	3	14	3	4	1
4 UBC	(2)	3	3*	4	2	5
5 Alberta	(5)	6	10	5	6*	6
6 McMaster	(5)	7	8	9	6*	10
7 Calgary	(10)	8	2	12	15	13
8 Dalhousie	(8)	4	11	8	10	13
9 Saskatchewan	(13)	15	3*	11	15	14
10 Ottawa	(8)	10	15	5	5	2
11 Western	(7)	12	11	10	15	9
12 Laval	(12)	9	9	15	8	8
13 Montreal	(14)	11	13	7	5	7
14 Sherbrooke	(12)	13	9	14	14	15
15 Manitoba	(15)	14	7	15	15	12

McGill University Total enrolment 学生総数 33,522 (Fall 2007)

在学生の第一言語  
 English英語 17,685  
 Frenchフランス語 5,980  
 Othersその他 9,857

出身地  
 Quebecケベック 19,278  
 Other Provincesカナダの他州 7,985  
 USA アメリカ合衆国 2,316  
 Other Countriesその他の国 3,943

McGill Institute for Learning in Retirement (MILR)  
 背景: 1.3. Centre for Continuing Education生涯教育センター  
 Started in: 1853年 発足 現在の所在地

Centre for Continuing Education生涯教育センター  
 The University's Bridge to the larger community  
 "大学と地域コミュニティをつなぐ橋"との意識  
 (See the title of the Newsletter below 下記ニュース・レターのタイトル参照)

63 certificates & diplomas in:  
 Career and Management Studies 経営学系統の課目  
 Education 教育学  
 Language Studies, including Translation Studies 各種の語学  
 Summer Studies 夏期講座  
 General Studies 一般教養  
 and  
 Institute for Learning in Retirement

**Institute for Learning in Retirement (MILR)**  
**Celebrating 20<sup>th</sup> Anniversary in 2009**  
 2009年に20周年記念行事を計画中

**Brief History**

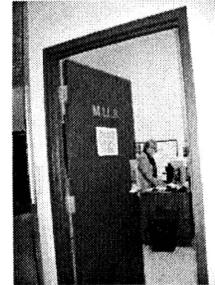
- 1980年代初め頃 Early 1980's  
 シニア対象の昼間のプログラムについて探索  
 In response to the increasing interest in daytime programs for the Seniors, a Committee was formed to explore various possibilities;
- ハーヴァード大学で1977に始まった"Peer Learning and Teaching 自分たちで学ぶ"モデルを採用  
 The "Peer Learning and Teaching" Model used in the Harvard Institute for Learning in Retirement (operating since 1977) was adopted;
- 1989年8月の初公表ワークショップに400名参加;その年の9月に開講  
 400 people came to the Founding Workshop in August 1989; First term began in Fall, 1989
- 大学と地域コミュニティとの連帯プログラムとして20年継続  
 Successfully operated for 20 years as it developed into a partnership between the University and the senior community

**Institute for Learning in Retirement (MILR)**  
**会員互選の評議員会が運営**

Volunteer Organization managed by the Council, elected by Members

**評議員会の構成 Council consisting of:**

- |   |                              |
|---|------------------------------|
| <b>Officers</b>                                 | <b>役員</b>                    |
| President                                       | 会長                           |
| Executive Vice-President                        | 次期会長                         |
| Vice-President                                  | 副会長                          |
| Treasurer                                       | 会計監査                         |
| Registrar                                       | 登録係                          |
| <b>Committee Chairs</b>                         | <b>委員長</b>                   |
| Communications                                  | コミュニケーション                    |
| Curriculum                                      | カリキュラム                       |
| Finance   | 財政                           |
| Newsletter                                      | ニュースレター                      |
| Planning  | 企画                           |
| Volunteer Coordination                          | ボランティア調整                     |
| Special Events                                  | 特別イベント                       |
| Information Technology                          | 情報技術                         |
| 20 <sup>th</sup> Anniversary                    | 20周年記念事業                     |
| <b>Recording Secretary</b>                      | <b>書記</b>                    |
| <b>Liaison with McGill Centre for Cont. Ed.</b> | <b>マギル生涯教育センターとの連絡- 大学職員</b> |



**Institute for Learning in Retirement (MILR)**  
**Activities プログラム内容 (Fall 2008 秋学期)**

- 53 Study Groups  
 学習グループ 53科目  
 定員22名  
 \$85の会費で2科目まで
- 25 Friday & Saturday Lectures  
 金曜・土曜講座 25題  
 定員48名  
 一名・1回\$5.00  
 ゲスト参加可能



**Institute for Learning in Retirement (MILR)**  
**Study Group Topics 学習グループのトピック**

- 地域研究 Area Studies**  
 e.g. The New Asian Hemisphere 「新しいアジア」
- 美術史 Art History**  
 e.g. Abstract Expressionism in North America 「北米のアブストラクトエクスプレッションイズム」
- コンピューター Computer Studies**  
 e.g. Cyber polish for your presentation 「プレゼンテーションに磨きをかける」
- 創作 Creative Writing**  
 e.g. Write the story of your life 「我が歴史を書く」
- 時事問題 Current Events**  
 e.g. Evenements et politique d'ici et d'ailleurs 「内外の時事問題について意見交換」
- フィルム Film Studies**  
 e.g. Montreal and Montrealers in the movies 「映画に描かれたモンtréalとモントリオール」
- 歴史 History**  
 e.g. The Dark ? Ages (476-800) 「暗黒(?)時代(紀元476-800)」

**Institute for Learning in Retirement (MILR)**  
**Study Group Topics (cont'd) 学習グループのトピック (続)**

- Literature 文学**  
 e.g. 「シェークスピアを声を出して読んでみよう」
- Music 音楽**  
 e.g. 「ヴァイオリン」
- Philosophy 哲学**  
 e.g. 「プラトー」
- Politics 政治**  
 e.g. 「今日のUSA」
- Religious Studies 宗教学**  
 e.g. 「チベットの仏教」
- Society and Science 社会と科学**  
 e.g. 「科学とイデオロギー」



**Institute for Learning in Retirement (MILR)**  
**Some Examples of Friday Lectures 数例**

- Tribute to Oscar Peterson オスカー・ピーターソン
- Dropping of the Atomic Bomb 原子爆弾投下
- Westering Home: Scottish Island Odyssey  
 スコットランドの歴史と景観
- The Golden Age of the American Musical: Part 1-4  
 アメリカ・ミュージカルの黄金時代 1-4部



### Creating Study Groups 学習グループの成立過程

- 会員からモデレーターのボランティアとトピックを募る  
Call for volunteer moderators and topics
- カリキュラム委員会が選考、評議員会で決定  
Curriculum Committee studies the suggested topics; for decision by the Council

金曜・土曜の行事も同様  
Similar procedure for Friday and Saturday lectures

### Institute for Learning in Retirement (MILR) Study Group at Work 学習グループ

#### Role of the Moderator モデレーターの役割

- Propose a topic for a Study Group 学習グループのトピックを提案する
- If selected, make a study plan for the 10-week term  
10週間分のテーマのスケジュールをつくる
- Select books and other materials to be used and make them available to the members 一緒に勉強する本や材料を選択する
- Organize presentation schedule and assign presenters  
各週ごとのテーマにあわせて、発表者を割り当てる
- Chair sessions and moderate discussions 毎週のセッションでは司会者を初める  
モデレーターは先生でなく、司会役

#### Role of the Participants 参加者の役割

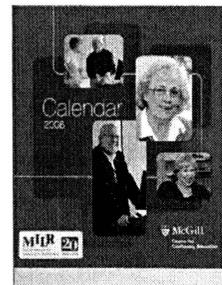
- In most groups, one of the participants make a 20-30 minutes presentation at a session ほとんどのグループで毎回誰かが20-30分の発表をする
- This is followed by questions and answers and general discussion  
その後質疑応答 一般討論になる  
Everyone participates to share knowledge and experience  
みんなの知識と経験をシェアする

Institute Membership — about 800; 70% F 女; 30% M 男  
年齢分布 Age range 50 から 95歳; 平均年齢 average age 72歳

Occupational Backgrounds of Members 職業経歴 (2007年度アンケートによる)	No 人数	%
Executive 会社重役	15	4.3
Professional 医者、弁護士、計理士、建築士、大学教師など	64	18.6
Other professional 看護士、薬剤師、教員、通訳、など	143	41.4
Managerial, sales 不動産販売、旅行斡旋、広報、など	64	18.6
Clerical, secretarial 事務職員、受付係、博物館ガイド、など	17	4.9
Skilled Blue collar 電気技師、警官、美容師など	2	0.6
Homemaker 主婦	11	3.2
Artist 絵描き、音楽家、写真師、俳優、デザイナー など	14	4.1
Other その他	3	.9
Missing 情報なし	12	3.5
Total	345	100.0

### Institute for Learning in Retirement (MILR) Contributing Factors for the Success 成功の要因

- Learning with Same-age Peers  
同年代の仲間から学びあう
- Egalitarian, Congenial Setting  
居心地よい自治制度
- High quality of the program  
充実した内容
- Central Location  
行きやすい場所
- Low Fees コスト安
- Umbrella of a Prestigious University 有名大学の傘下



# **Momiji Outreach Programs for a Long-term Care (LTC) Home in a Multicultural Society of Canada**

Kiyoshi Dembo (Outreach Coordinator, Momiji Health Care Society)

## **1 Unwilling Evacuation**

### **1.1 Closure of a Private Japanese Senior Home in Beamsville, 1999**

The original N-Home was completed in 1958 with 18 beds. The second phase was built in 1963, adding 12 beds. The third phase was completed in 1983, which added a winter garden, an art & craft shop, a Japanese garden with gazebo, more dining area and five more beds (total 35). It was located in a country side, called Beamsville near the Niagara Falls. It was said that the N-Home was run in a culturally sensitive environment with Japanese speaking staff.

However, it was closed after 15 Japanese speaking residents were transferred to 2 Long-term care facilities. 6 residents had to move into C-Home in Toronto which has a 40 bed unit for Japanese Canadian residents. Since the Japanese unit was full, each resident was admitted to a different unit on a different floor which provided 24 hour nursing care with English speaking staff and western meal programs. 9 residents moved into M-Home in Hamilton. As this Home had no Japanese Canadian unit, each resident had to live in a different unit, again, which provided 24 hour nursing care with English speaking staff and western meal programs.

### **1.2 Relocation Stress observed by the Outreach Coordinator**

To support the N-Home residents' psychological problems, the Ontario Government decided to send Ms. Jean Piasah, a Japanese speaking registered social worker, who is now the vice president of Japanese Social Services, to assist the residents in coping with their anxiety and/or anger caused by the unwilling evacuation. Relocation stress seemed to be even worse among the C-Home residents during the temporary stay on different floors. The outreach coordinator, who was in charge of Japanese Canadian programs for five days a week with 150 Momiji volunteers, observed that some Japanese Canadian residents refused to get personal care because of their language barrier or care staff's tone of voice and other residents were scared by a wandering resident who intruded their personal space.

### **1.3 Supporting 6 residents with 150 Momiji Volunteers**

The C-Home staff, Momiji staff, and volunteers made all efforts to reduce their relocation stress and encourage them to get used to the facility. Momiji Japanese speaking volunteers maintained daily friendly visit to each resident from N-Home and even organized a feeding team for the resident who fell down and had an arm fracture. For the resident who

had been always complaining on the lack of freedom and wished he could be back in the N-Home, the outreach coordinator and Momiji volunteers planned a small trip to M-Home to meet his 9 friends in M-Home and exchange their friendship. Ms. Jean Piasah gave a ride for two residents and the former 15 N-Home residents enjoyed Japanese lunch and music entertainment provided by one church group in Toronto. Since then, his complaints and anger were reduced gradually and he was able to make adjustment to the C-Home.

## **2 Program models and Japanese Canadian Senior's Needs**

### **2.1 Enhance the quality of Momiji Programs at C-Home since 1997**

Since the outreach coordinator was hired in October, 1997, he had been actively involved in making program descriptions for current Momiji programs and started making evaluations for all existing programs with staff assistants, volunteers, and family members through newly developed summative evaluation forms and formative evaluation forms. After the evaluation process, new programs were designed and implemented with Momiji staff and Momiji volunteers. New programs were: two discussion programs called current event discussion and reminiscing, Men's club, and Flower arrangement program.

Momiji programs in C-Home consist of the following 5 components:

- (i) Friendly visiting to Japanese Canadian residents by the staff and volunteers.
- (ii) Congregate Dining programs in which Momiji volunteers prepare Japanese home style dishes and bring them to the facility.
- (iii) Regular daily programs: Craft, Exercise & Songs, Sing-along, Discussion, DVD viewing, Flower arrangement, Afternoon Tea for residents in a secured unit, Ice cream social and cooking fun programs.
- (iv) Seasonal and Traditional special events: Traditional events are New Year's Party, Scattering Beans (Mamemaki), Girls' Day, Boys' Day, Star Festival, Summer Festival, Moon Light Viewing, Mum Festival(Kiku Matsuri) and New Year's Eve Party (Toshi-koshi-soba). Seasonal events are Valentine's Day Party, St. Patrick's Day Party, Mothers' Day, Halloween Party, and October Fest.  
All food costs and material fees are covered by Momiji Foundation and some of the proceeds from the Momiji Bazaar except for C-Home special events such as Valentine's Day and St. Patrick's Day.
- (v) Annual Outings to Japanese Canadian Community resources such as Momiji Centre, Japanese Canadian Cultural Centre, Hamilton Japanese Canadian Cultural Centre, and Japan Foundation.

Among all Momiji programs in C-Home, one of the favorite programs has been a discussion program which has been called Yoriai (Get together) by residents. In the Yoriai, through carefully listening to our residents' feelings and thoughts, all special events and outings have been planned and implemented. Our discussion groups have been extended to a World Heritage discussion program and Home town discussion (Okuni jiman) program. Each

session ended up with special meals. For example, at World Heritage discussion a favorite cuisine was catered by the outreach coordinator from each ethnic restaurant in Toronto and at the end of Home town discussion home town special meals were cooked with our resident and enjoyed by all participants. Residents-centered activities have been very much enjoyed by all residents.

The presentation on all outcomes of our outreach programs was made at the Conference by Ontario Gerontology Association in 2004, titled "Culturally Specific Programs at C" Along with Momiji Elderly Centre programs at Momiji Centre, our outreach programs were recognized as a Culturally Appropriate Best Practice Model in the section by the Ethno-cultural Council of Canada.

## **2.2 Partnership Building with M-Home**

Momiji outreach program model at C-Home was applied to volunteer-run programs for the Japanese Canadian residents in M-Home. A Momiji outreach worker has been visiting M-Home twice a week from Toronto to monitor and evaluate programs. 8 Japanese Canadian residents are now living and 32 volunteers have been supporting them.

## **2.3 Increase the number of Japanese Canadian residents in C-Home**

Statistics on the number of Japanese Canadian residents showed a significant change in the five years (1997 to 2002). From 1995 to 1998, the number of residents remained quite stable at 41-45. Just before and after N-Home closing, we experienced the first 20 % increase in the number of residents. By October, 1999, we had 48 residents. However, 15 residents passed away in the year 2000 and the average number of the residents dropped to 44-45. Since April, 2001, we saw another sharp increase in the number of residents, up to 54, in September, 2001. These figures may suggest that Japanese Canadian seniors preferred a long-term care setting, especially in a facility with culturally specific programs like those in the Japanese Canadian unit in C-Home.

## **2.4 Needs Assessment**

The second Needs assessment of the Japanese Canadian Community in the Greater Toronto Area was conducted and completed in 1998 by the following three researchers: Ms. Dima Dimitrova, Ms. Deborah Hardwick and Mr. Phil Lange. The assessment report, titled "Needs Assessment of Japanese Canadian Seniors in Toronto", recognized the importance of a culturally specific continuum care for Japanese Canadian seniors and provided the following recommendation.

### **Recommendation #6**

Momiji investigates the feasibility of multi-level functioning facilities, perhaps in partnership with agencies that have either similar goals or relevant expertise.

### **3 A New Partnership Building**

#### **3.1 Partnership Building with Yee Hong Centre for Geriatric Care**

Momiji Health Care Society began to work on this recommendation in 1999. This was also the time when the government requested all proposals for the buildings of long-term care facilities. Although Momiji Health Care Society wanted to build their own facility, it was impossible because of new economic requirements from the government. Finally, the Momiji Program & Services Advisory Committee concluded that it was not economically feasible to start a LTC facility with the demographic of the Japanese Canadian population and the new financial guidelines from the Ministry of Health and Long-term Care.

Momiji Health Care Society then proceeded to look into partnerships with other long-term care facilities. Momiji approached three facilities.

#### **3.2 Dr. Wong's Proposal**

Dr. Joseph Wong, the chairman of Yee Hong Centre for Geriatric Care and Yee Hong Community Wellness Foundation at that time, suggested that Momiji Health Care Society could have access to 25 beds for Japanese Canadian Seniors in a separate wing with Japanese programs and meals in his fourth facility which would hold its ground-breaking in August, 2002. At the Ground-Breaking Ceremony, Yee Hong Scarborough Finch Centre was slated to open in June, 2004.

#### **3.3 Momiji's Operational Plan**

Momiji Health Care Society set up an operational plan in August, 2003 and seconded the outreach Coordinator to fulfill the operational goals by the Grand Opening in November, 2004. The outreach coordinator started working 3 days a week for Yee Hong Scarborough Finch Centre, 1 day for C-Home, and 1 day for Meals-on-wheels and G-Home luncheon programs. Another outreach worker was hired to cover C-Home and M-Home programs.

### **4 Preparation for Grand Opening in 2004**

#### **4.1 Community Relations to the Japanese Community**

Momiji Health Care Society asked our local media to make a PR for the newly built Japanese unit in the Yee Hong-Scarborough Finch Centre. The related articles were published by the Nikkei Voice, the Nikka Times, and Momiji Mosaic. The Japanese broadcasting, "Wai Wai Wide" aired a television program on the newly built Japanese unit.

Collaborating with Yee Hong's new management staff, a general information meeting was held at Momiji Centre in December, 2003. Then, Momiji Board members and Momiji staff visited Yee Hong Markham Centre, another new facility on which the Scarborough Finch site was based. Receiving many inquiries on the new facility and preparing information pamphlets, Momiji Health Care Society invited only interested candidates and their families to the second information session and a site tour at the Yee Hong Markham Centre.

#### **4.2 Enhance the quality of Japanese meals**

A four-week Japanese menu cycle and recipes for the Yee Hong Japanese unit were created by a Japanese Canadian registered nutritionist, following the Ministry of Health and Long-term Care's rigorous standards. Momiji provided authentic Japanese table ware, including plates, bowls, teacups, chop sticks, and sectioned plates through securing generous donations from Mitsui Canada Co. Ltd. and Noritake Canada.

#### **4.3 Recruitment of Japanese speaking staff and volunteers**

Yee Hong hired a part-time Japanese speaking program worker and he was trained by the Momiji outreach coordinator in C-Home. He started working for the Japanese unit three days a week. At the same time, Momiji volunteer coordinator recruited about 10 Japanese speaking volunteers from Momiji volunteer base and they went through Yee Hong orientation and Tuberculosis Tests.

#### **4.4 Furnishing our unit with community support**

A Japanese interior student and her mother decorated three lounge areas with Japanese artifacts and provided artificial flower arrangements for the lounges, nursing stations, and the wall of hallways.

The Toronto Sumie (a black and white painting) group donated their paintings for the hallways. Newly admitted residents and their family members asked the outreach coordinator to hang their paintings and artifacts to decorate the wall close to their rooms. It was great idea to make their environment more at home.

A famous Kimekomi Doll maker donated her hand-made Court Doll set and a Taisho Ningyo (Traditional Samurai Doll) set and her friend donated two display cases to show their appreciation for the excellent nursing care for the 25 Japanese Canadian residents. Now two doll sets can be seen in the TV lounge and a big screen flat TV which was donated by one family member is always broadcasting TV Japan programs which Yee Hong decided to provide for Japanese Canadian residents.

### **5 Five year Cooperation since August, 2004**

Our 25 bed unit had been able to be filled by the Grand Opening in November, 2004. Among the 25 residents, 48 % of residents can speak Japanese and demonstrate limited proficiency of English. The rest of the residents can speak both English and Japanese because they were educated in Canada and learned both languages during their youth. One resident speaks both Japanese and Korean fluently. The residents have enjoyed daily programs, special meals, and 24 hour nursing care with maintenance, home-making, and cleaning services since August, 2004.

### **5.1 Listening to residents' complaints and requests**

The Yee Hong staff, the outreach coordinator, and volunteers are always sensitive to our residents' complaints and requests. In daily staff interaction with each resident, if they have difficulty understanding the residents, the nursing staff, mainly a charge nurse asks for help from the Japanese speaking outreach coordinator and volunteers so that they can communicate with the resident thoroughly.

The outreach coordinator is always making a friendly visit to each resident to listen to him/her and observe even slight changes in the resident's mood and behaviors. He is always asking volunteers to make a one-to-one interaction with the resident who seems isolated and/or depressed to some extent and encourages the regular volunteers to make notes about residents in our communication book that was developed through one volunteer's suggestion.

The Executive Director has Floor Tea with each floor residents to listen to them regularly. The Yee Hong Program supervisor, the social worker, the food service manager, and the Executive Director have organized a resident council meeting regularly with representatives elected by each unit's residents. Before this meeting, we are always having a unit meeting with our representative. He is always reporting on previous discussions based on the meeting minutes and asking participants for their complaints and requests.

Also, each resident and the family members have an opportunity to express their opinions about nursing care and other programs and services at the care conference. Yee Hong always respects decisions of each resident and/or his/her power of attorney.

Family members are able to attend a Family council meeting to express their opinions.

On the bulletin board a Residents' Right statement, and Complaint and Grievance Procedures, are posted in both English and Japanese. Beside the bulletin board, there is a box for opinion and suggestion from residents and family members.

### **5.2 Improved the quality of Japanese meals**

In the beginning, it was very difficult for Chinese Canadian cooking staff to make Japanese home-style dishes, although the menu and recipes were provided beforehand. The Yee Hong food service manager and supervisors have made every effort to listen to the residents who made complaints and tried to improve the quality of the home-style Japanese meals for each lunch and supper.

The outreach coordinator has supported their efforts by donating key components, such as Japanese soup stock, miso, and Japanese vinegar. Also, he invited the cooking staff to our cooking demonstration by Japanese skilled volunteers in the cooking fun program. Through these efforts, the Yee Hong cooking staff made changes in the content and the way of serving. Also they started serving pickled and salted(less-salted) vegetables.

In the mean time, the food service manager found a Japanese student who was trained at Guelph University and asked her to do her field practicum at Yee Hong. After receiving her dietary technician diploma, Yee Hong decided to give a working permit for her and hire her as a cooking staff at Yee Hong Scarborough Finch. Since then, our residents have been able

to eat Japanese style breakfast in addition to the improved lunch and supper.

### **5.3 Integrated Programs**

A variety of daily recreational activities, special events, and outings have been implemented by two program staff ; one full-time staff oversees 50 residents' programs and one part-time Japanese-speaking staff, who works three days a week, mainly looks after our unit programs. The outreach coordinator and volunteers have taken over news-paper reading in the morning when the part-time staff is off her duty.

One physiotherapist and her assistant have been conducting a physio-exercise in a group setting and one-to-one basis twice a week. One occupational therapist and her assistant have been implementing a fall prevention program once a week. All staff and volunteers have been making every effort to encourage as many residents to participate in their integrated programs as possible. Because Yee Hong has recently secured funding for restorative care, some nursing staff started their own recreational programs. The outreach coordinator supported the nursing staff, through providing Japanese CDs for their hymn-sing programs.

### **5.4 Importance of Momiji Volunteers' spirit**

We have had 42 Momiji Japanese-speaking volunteers for our Japanese unit at Yee Hong Scarborough Finch since November, 2004. They donated 7734.45 hours for Yee Hong programs as of Dec. 31, 2008.

Yee Hong volunteers have three types of roles: the first is an activity assistant supervised by the program staff, the second is a feeding assistant supervised by the charge nurse, and the third is a friendly visitor supervised by a Yee Hong Chaplain who is responsible for Yee Hong religious and spiritual care. Among 42 volunteers, 11 volunteers possessed working holiday visas and the most of them had ideal background for nursing care or social welfare sector. Three volunteers were high school students who wanted to complete 40 hr community involvement, which is one of the requirements for their high school graduation diploma. Twenty eight volunteers have permanent residence status or Canadian Citizenships. Many of them have gone back to Japan or became inactive because of employment or retirement from the volunteer programs. Therefore, only 15 volunteers are active and 11 volunteers are coming regularly to help daily activities.

Volunteers are very important for our residents not only because they can communicate with residents in Japanese, but also because they bring human networks in Japanese Community to our residents. Among 42 volunteers, we have 2 volunteers whose age is over 80. The one volunteer from the United Japanese Church has been volunteering for Japanese Canadian residents in C-Home as a Wednesday Lunch volunteer for more than 20 years and started volunteering as a Yee Hong volunteer when this unit opened, because Yee Hong is located much closer to her place of residence than C-Home. She was born in Haney, B.C. and has known one male resident very well since they played with each other on the country farm. Since she is elder than the resident, she can behave like an elder sister to him. In such

instances, he is always smiling at her even if he is in a bad mood.

Also another volunteer has known one resident, who is 102 years old this year, for a long time. Every time she comes from Yee Hong Garden Terrace near Yee Hong Centre, the resident greets her with a big smile and joy. The presence of these volunteers enables residents to be happy and feel secured in our Japanese community.

The Momiji volunteer coordinator and the outreach coordinator feel that we need to recruit more volunteers, working with Yee Hong Volunteer Coordinator and his assistant so that at least 2 volunteers for each weekday can assist daily activities.

### **5.5 Residents: their own activities**

Among 25 residents, we have a few residents who can speak both English and Japanese and are willing to help other residents. Mrs. K is always helping to translate what the Yee Hong staff says to a Japanese speaking resident in English into Japanese. She is learning written Japanese, consulting her dictionary and asking her good friend. She has told the outreach coordinator that since she came here, her Japanese has improved very much.

Every time a newly admitted resident comes to our unit, she always welcomes him/her and greets the resident's family members to help them to settle down in the facility. When a certain resident is dying, our residents are often visiting the resident's room, giving emotional support and/or saying good-bye in their mind. They also support the resident's family members to overcome their difficult time.

Mr. T is a unit representative of our unit for the resident council. He has organized our unit meeting since he was elected as a representative. Also, he has organized and maintained his mahjong club with one female resident who did not know how to play mahjong, one Chinese Canadian resident, and her daughter who has been staying with her mother almost every day. They played mahjong after supper or on Saturdays and Sundays. He is always submitting his mahjong records to the outreach coordinator. Recently, he has met Mr. Brian Mulroney, the former prime minister and his wife Mila Mulroney who dropped by Yee Hong Centre, taking time out of their busy schedules. As Mr. T had written his invitation letter to Mr. Mulroney and waited for a long time, he was so happy to meet them for his 89<sup>th</sup> birthday party. He was so proud of this event and posted his birthday pictures with Mr. and Mrs. Mulroney in his room. Since he was a war-time prisoner at Angler prisoner camp in Northern Ontario due to his work for the Japanese Consulate General Office in Vancouver before World War II and after the war he had worked for Canadian Government for 35 years, it must have been a great honor and a privilege for Mr. T to meet them both in person.

Generally speaking, our residents became quite active and outgoing. They enjoy their daily living in our Japanese unit, helping each other.

### **5.6 Team work for residents at difficult time**

Since August, 2004, we have had 38 Japanese Canadian residents in total and 14 residents passed away. When residents are suffering from a serious illness, they had to be

hospitalized for the cure. The outreach coordinator always visits the emergency unit in the hospital and check the resident's condition and returns to Yee Hong to inform his/her condition to the charge nurse.

Especially when we have a Japanese-speaking resident with psychiatric problems, we desperately need a Japanese-speaking psychiatrist in Toronto. Japanese Social Services has experienced the same problem. Therefore, we are seeking for a specialist in the Greater Toronto Area to deal with residents/clients who are suffering from depression and/or psychiatric problems such as suicidal attempts.

At the final stage, the outreach coordinator works more closely with the nursing staff, the social worker, and the chaplain. Getting updated information from them, he coordinates the best way to interact with the resident and his/her family members. Sometimes he may choose a suitable volunteer to visit the resident. In any long-term facility, spiritual and religious services are essential to the dying resident and his/her family.

## **6 Excellent Reputation in both communities**

In our unit, 25 residents are living together. Their average age is 90.6 years old. They enjoy their longevity, their health, and their active lives in the culturally sensitive environment. We have had so many tour groups from the community in Toronto, Hong Kong, mainland China, and even from Japan.

As of January 22, 2009, we had 25 seniors on the waiting list for the Japanese unit; 17 female and 8 male residents and 9 seniors waiting for a private room and 16 seniors waiting for a semi-private room.

We have overcome some challenges and are still facing existing challenges. Every time we encounter problems, we have solved them through mutual efforts made by the Yee Hong Management Staff and the Momiji outreach coordinator. Without any strong partnership, if the outreach coordinator had to take an advocacy role for the resident and his/her family members, he would have a serious conflict between the management staff and him. However, in the Yee Hong Scarborough Finch, he has never experienced such a conflict because we have established a strong trusting relationship with the top-management personnel to protect our residents' human rights and dignity in Yee Hong.

Nursing staff rotation and staff turn-overs would be issues that need to be solved, but the outreach coordinator is confident that we can overcome these issues with the cooperation of the Yee Hong Scarborough Finch Staff.

There is an empty area between the two buildings, Yee Hong Garden Terrace and Yee Hong Centre for Geriatric Care. According to Yee Hong's master plan, Yee Hong Wellness Centre and Training Centre will be built within a few years. The outreach coordinator is looking forward to assisting Yee Hong's fundraising efforts through the activities with our residents, family members, and the volunteers. Once those are completed, he hopes young people from Japan will get their training opportunity to obtain a qualified profession and help

us make a continuous care facility in our community.

## **7 Always return to the Momiji's Mission when times are hard**

The global economic recession has hit Momiji financial situation hard. The Momiji Foundation will not be able to afford to maintain our outreach programs. When times are rough and hard, we should always return to the Momiji's mission statement. Then, we should keep up our spirits for our seniors with our Momiji volunteers.

Mission Statement says:

Momiji Health Care Society is a not-for profit charitable organization whose objective is to assist seniors, primarily of Japanese Canadian descent, to live independently in their own homes as long as possible by arranging for services.

When needed, Momiji will assist individuals in finding appropriate accommodation and services to maximize their independence, health, and personal growth where the seniors can enjoy an enriched quality of life.

Momiji Health Care Society values:

- The client's right to choice, dignity and independence.
- An environment of trust, caring and respect
- Innovative leadership and advocacy.
- Staff and volunteer commitment and contribution
- Suitable and Sensitive Programs and Services
- Community participation and partnerships
- Reinforcing the Joy of Living.

Vision statement declares:

- Momiji commits to serve our seniors in our community with excellence.

# **Continuum Care and Cultural Awareness in Yee Hong Centre for Geriatric Care**

Tilda Hui (Executive Director, Yee Hong Center for Geriatric Care)

## **A. Introduction to Yee Hong**

### **General Introduction and History**

1. Vision, Mission and Values
2. Overview of Services and Programs
3. Uniqueness
4. Achievements
5. Challenges
6. Future plans

## **B. Long Term Care Home**

1. General introduction to LTC Homes in Ontario, Canada
2. Government Funding and Co-payment structures
3. Application and admission processes
4. Programs and services
5. Family and Residents Councils
6. Communication channels
7. Staff education and training
8. Specialized Services: Peritoneal Dialysis, Tube-Feeding, Oxygen, Hydration, Palliative Care etc.

## **C. Momiji – Yee Hong Partnership**

### **Historical background**

1. Outreach to Japanese Community
2. Planning of Japanese unit - menu building, programs development staff recruitment
3. Culturally appropriate features – language, menu, programs, care and services
4. Community engagement
5. Program evaluation
6. Celebration of partnership
7. Future planning

# **“Schools without Examinations”: Folkehøjskole as the Foundation of Denmark’s Status as a Social-welfare Country**

Tadao Chiba (Director, Bank Mikkelsens Mindefond/  
Director, Danish Japanese Cultural College)

(Prepared by Nanami Suzuki)

Mr. Chiba’s report may be summarized as follows:

Denmark’s level of happiness is said to be number one in the world. What are the components of this level of happiness? This presentation will report on the life of the elderly in that multicultural aging society, which is strongly associated with level of happiness, as well as its education system that is the basis of happiness.

## **1. Changing Situations surrounding the Elderly and People with Disabilities**

In Denmark, described as a “social welfare state”, care of the elderly and education are basically financed from the relatively high taxes (progressive – 40% to 60% – direct taxation, and a 25% consumption tax) imposed on citizens. Pensions are paid to people over 65 and allowances ensure the livelihood of the elderly and people with disabilities. (The elderly are able to receive about ¥200,000 per month and the disabled about ¥350,000 per month.)

Nursing homes for the elderly and disabled people were already established about 50 years ago. At that time, the elderly were considered as sick people, but then about 30 years ago, they were classified as retired people. In the 1980s, policy concerning the elderly changed again. Aged people are neither sick nor retired, but in the third stage of life. To enjoy this third stage, it is thought essential to have one’s own place to live.

At present, there are three elements, presented as three principles, regarding the well-being and welfare of elderly people: first, continuity of lifestyle; second, self-determination, and third, making use of their natural ability and physical strength. In addition, it is thought preferable for them to live in their own homes as long as possible, fending for themselves as much as they can.

The second element, self-determination, means doing things in one’s own way. In Denmark, since the 1970s, it has been considered that a private room at a nursing home is not enough for the well-being of the elderly. Therefore, apartments of about 40 to 65 square meters are provided to enable them to engage in their desired activities. In those apartments, there is a kitchen where they can cook and have their own meals whenever they want. Quite a few people who eat a hot meal at lunch time in the communal dining room prepare breakfast and dinner by themselves. Society offers as much support as possible for elderly people living alone, for example home-help, equipment, a meal service, and so on. Day centers and

rehabilitation centers are also established. Elderly people or people with disabilities are not called clients any more. In 1997, the law was amended to emphasize that elderly people act not passively but actively, and that carers should listen to the desires of those who receive their support.

An indispensable factor in maintaining this ethic and offering tax financed services is the special committee. For instance, the committee for the elderly is operated by elderly volunteers who assume the role of conveying the desires of the elderly in the community to those responsible for regional policy-making.

## **2. The Role of Education, including the Folkehøjskole in the Social Welfare State.**

As mentioned above, education is considered to be a basis of happiness not only by specialists but by all people concerned. At the Folkehøjskole particularly, an institution where there are no examinations or certification, teachers and students think about and discuss various themes together. This is one of the foundations of Denmark's democracy, which values the coexistence of diverse people.

The Folkehøjskole is more like a college than a high school, and it is very similar to MILR (McGill Institute for Learning in Retirement) designed for the elderly by the elderly in Canada where they learn what they wish to. Since each school offers a variety of courses, there is a wide choice. One can stay short-term (about a week) or long-term at these institutions where teachers and students aged 18 and over (or to be exact, aged 17.5 and over, who are going to turn 18 while at the school) live together. More than about 50 percent of citizens have had the experience of attending one. People in Denmark are proud of having had such schools for a long time. The first was established in 1844.

Living together in the Folkehøjskole is important because education cannot be accomplished only by lectures in classrooms. By discussing a theme together with teachers, students come to realize that there are many answers to problems and many choices that they can make for their well-being.

People in Denmark are proud of having had Folkehøjskoler as part of Danish culture for a long time. The method of education of this school, that is dialog interaction, has been practiced in all education facilities from pre-school to university. I think this principle of school education has brought up citizens with a good understanding of democracy, and as a result, established this social welfare state.

## **“Well-being” and “Suffering”: Comments on the Presentation of Mr. Denbo and Ms. Hui**

Naomi Yamamoto (Part-time Lecturer, Doshisha University)

The three topics presented in this workshop —(a)study groups for the aged in Montreal, (b)long-term care homes in Toronto, and (c)‘Folkehøjskole’ in Denmark —seem to have their own basic areas and different concerns. (a) and (b) are for the aged, (c) is for all ages. (a) and (c) are for ‘citizens’ who can afford them, (b) is for ‘the weak’ who need care. The presenters of (b) and (c) take part in the activities, while the presenter of (a) is an ‘outsider’. In this workshop based on these various concerns, every presentation might appear to be an appeal for the fulfillment of “well-being”, or an appeal for the decrease of “suffering” which ‘citizens’ or ‘the weak’ may experience. The word “well-being” might even appear to have a magical power to make suffering decrease, disappear, and be transformed into something good. That is, well-being seems to be to the opposite of suffering. From my point of view, however, this workshop showed another perspective on the relationship between well-being and suffering.

Remarkable comments on the relationship between well-being and suffering were offered in the forum following the workshop. First, there were comments which emphasized the positive phase of suffering, that is, those suffering seriously are not helpless but powerful in the sense that they continue to attract the attention of their neighbors (Mr. Mizuki and Mr. Namatame). Second, there was a comment which highlighted the paradoxical phase of well-being, that is, the desirable society is not one in which no one causes any problems but one in which everyone has ‘the freedom to cause problems’ (Ms. Matsubara). Third, there was a comment which examined another relationship between well-being and suffering, that is, that well-being may coincide with suffering (Ms. Ukigaya).

Referring to the comments above, my view on the relationship between the two is as follows. Well-being is not a matter which is achieved as suffering decreases and disappears. (In the case of ‘the weak’, suffering seldom seems either to decrease or disappear.) Rather, well-being is achieved as suffering goes on by the sufferer himself/herself as well as his/her neighbors and companions.

In this paper, I review part of the workshop from the above viewpoint. I take up topic (b), that of long-term care homes in Toronto, presented by Mr. Denbo and Ms. Hui, because their research field and mine have points in common.

(1) Mr. Denbo and Ms. Hui’s research field:

‘Yee Hong’, a long-term care home including residents of Japanese descent

Mr. Denbo and Ms. Hui made a presentation about this long-term care home. In ‘Yee Hong’,

25 residents of Japanese descent live and form one unit, while the other residents of other units are all of Chinese descent. Those of Japanese descent are mainly first generation Japanese-Canadian. On the other hand, the supporters of the residents are mainly second generation Japanese-Canadian, members of a voluntary association called 'Momiji'. The residents of Japanese descent tend to make detailed requests about food, living conditions, and personal relationships in the home, where the staff is mainly of Chinese descent. Mr. Denbo and Ms. Hui presented how the requests had been respectfully taken up through the efforts of staff and supporters.

The presentation might seem to have been about problems already dealt with and solutions already found. Referring to Mr. Denbo's comment in the forum the next day, however, I can detect the presence of ongoing problems. He said that the Japanese unit in Yee Hong was on the way to becoming a better community when compared to other Japanese units in other homes. Through this comment, I can guess the depth of suffering of the residents. I can also guess at their level of well-being —or rather guess at whether their condition should even be called "well-being".

The suffering of the residents concerns degeneration and bereavement under culturally and linguistically unfamiliar circumstances. It is very serious in at least the following three points; it can not be experienced by others, it can not be imagined by others, and it goes on for ever, becoming worse and worse. The suffering of the residents, however, can be linked to their own well-being.

According to Ms. Hui, several kinds of conferences are set up regularly or irregularly including the resident with a request, his/her family, staff, and supporters. The conferences seem to be very important, not because they enable residents to be free from their suffering, but because they enable them to be 'free to cause problems' as others are in other places. Delicate negotiations must proceed about food, living conditions, and personal relationships. I seek the condition of well-being not in the outcome but in the process of these negotiations.

## (2) My research field:

'Yurinoki-mura', a psychiatric institution including residents of foreign origin

I have researched a psychiatric institution including residents of foreign origin. 'Yurinoki-mura' consists of 1 director (who is also the founder), 7 staff (6 Japanese, 1 foreigner), and 21 residents (9 Japanese, 11 foreigners). The residents had been marginalized and excluded from Japanese society mainly because they could not observe group norms in their schools, work places, communities, or their own families. On the other hand, their supporters, who often visit and work at Yurinoki-mura, are retirees and housewives, who take part in Japanese society by observing group norms. It should be said that the residents' daily necessities, i.e. food, living conditions, and personal relationships, are met by the efforts of supporters, staff, and the director.

One of the characteristics of Yurinoki-mura is that the director, Mr. O, generally ignores

group norms as an answer to the dis-communication with or among residents. Conferences may be set up regularly or irregularly including a resident, his/her family, staff, and supporters, but they do not work. Residents' detailed requests are not expressed in definite words but by their 'deviant' behavior. For example, a request to keep the environment clean may be revealed by sudden anger against others regarding other matters. A request to serve favorite dishes may be revealed by food-stealing and cooking at night. Faced with such 'deviant' behavior, Mr. O does not define a group norm for expressing requests. He may not be able to ascertain which person trespassed or stole food, either. Though Mr. O is aware that his responses decrease the efficiency of his administration, he takes much account of the deep suffering of the residents, who have been hurt so much in society that they have hardly any means of expression but 'deviant' behavior. So Mr. O does not restrict behavior leading to inefficiency of administration, nor does he promote behavior which would increase efficiency. In fact, Mr. O's responses make the degree of dis-communication with or among residents more and more serious. At the same time, however, his responses make residents feel equally and respectfully treated, and help them to recover their self-respect, seriously damaged in society. Moreover, his responses sometimes causes residents to have sympathy or compassion for each other, even if only temporarily. In such ways, a pleasing situation has been actualized at Yurinoki-mura, albeit partial and temporary.

### (3) "Well-being" and "Suffering"

I return the topic of the Japanese unit in Yee-Hong. According to the presentation, the unit has mechanisms to take up residents' requests. For example, as residents of Japanese descent are unlikely to express their thoughts by definite words, Momiji supporters try to find out what their requests are and relay them to the staff, making repeated friendly visits to the residents.

From my point of view, the process of delicate exchange above is a process of conflict as well. Though the delicate response of supporters and staff brings gratification to all agents, it must bring them new problems as well. For similar requests based on similar (but not identical) suffering will be raised over and over again on other occasions, by other residents, through other mediators. Besides, as all suffering caused by aging seldom disappears but remains, increases, and is sometimes joined by a new cause of pain, the agents' conflict must also remain with subtle and endless changes.

The process of conflict, however, must include a pleasing situation experienced by more than one agent for a while. I wish to find the condition of well-being in such a pleasing situation (or in its accessibility to the agents), although it may be actualized only partially and temporarily.

Conceiving well-being for everyone is not as same as imagining a world where everyone is assured to be free from suffering. Suffering is likely to remain, increase, and arise from new causes rather than disappear through daily interaction. It is also a consequence of allowing

everyone the 'freedom to cause problems'. At the same time, pleasing situations seem only to exist incompletely and temporarily. Careful consideration would be needed to call such situations "well-being". Could it be said that well-being emerges with suffering, not instead of it? There seem to be many points to consider.

**Key words:** residents, suffering, disappearance, permanence, well-being

## List of Contributors



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Fumiko Ikawa-Smith, born in Japan, was educated at Tsuda College in Japan, and at Radcliffe College and Harvard University in the United States. She received her Ph.D. from Harvard in anthropology, with a dissertation on “Early Paleolithic Cultures of Japan: An Appraisal (1974).” She has lived in Canada since 1960, where she taught successively at the University of Toronto and McGill University. While at McGill, she served as the chair of the Anthropology Department, director of the Centre for East Asian Studies, and Associate Vice-Principal, Academic of the entire university. Retiring from McGill in 2003, she later served as President of the Japan Studies Association of Canada, and is currently the President of the Society for East Asian Archaeology. In 2005, she received an Order of the Sacred Treasure, Golden Rays with Rosette from the Japanese government for her achievements. Her recent publications include “Gender in Japanese Prehistory” in *In Pursuit of Gender*, Altamira Press (2002), and “Humans along the Pacific Margin of Northeast Asia before the Last Glacial Maximum: Evidence for the presence and adaptations”, in *Entering America*, University of Utah Press (2004).

**Kiyoshi DEMBO**



Kiyoshi Dembo, a first-generation Canadian from Japan, is currently the outreach coordinator for the Momiji Health Care Society in Toronto. He also serves as a member of the board of directors of the Japanese Social Service, and is a qualified speech pathologist. Dembo graduated with a degree in sociology from Hitotsubashi University (Japan) in 1973, and the following year completed the training course at the National Rehabilitation Center for Persons with Disabilities. Starting in 1974, he served as a speech therapist at the Kanagawa Prefectural Rehabilitation Corporation. He has worked for various local projects such as enhancing communication and the eating ability of seriously handicapped people, and supports the learning of children who have development disorders. He emigrated to Canada in 1991, where he has promoted an outreach program for senior citizens of Japanese descent, working with staff at four institutions in the multicultural city of Toronto.

Dembo has also authored “The Experiences of a Migrated Family”, Nanami Suzuki, ed. *A Research Project in Medical and Historical Anthropology: A Comparison of Life-Planning Practices and Evaluation in Modern Aging Societies* (The report was made with a grant for scientific research, 2005-2007, subsidized by the Japan Society for the Promotion of Science, 2008).



**Tilda HUI**

Tilda Hui is the Executive Director at the Yee Hong Centre for Geriatric Care – Scarborough Finch, in Toronto. She is a registered nurse, having graduated from the University of Toronto, studied midwifery in England, and completed the OANHSS Long-term Care Administrator and Human Resources Management Certificates. During her nursing career, she provided care for clients in medical and surgical units, neurosurgical ICU and the operating room. She developed a keen interest in caring for seniors during her years in the ophthalmology operating room, interacting with elderly clients coming in for eye surgeries. Her two years at the York Region CCAC as a case manager has broadened her perspectives in community care. In long-term care homes, she gained experience first as a front-line charge nurse, then as a director of resident care, after which she moved into her current position as an administrator. She has also participated as a nurse classifier for three consecutive “Annual Level of Care Classification” projects with the Canadian Ministry of Health & Long-Term Care. During those three-month projects, she had the opportunity to visit many long-term care homes in the province and understand more thoroughly how residents are cared for there.

**Tadao CHIBA**

Tadao Chiba currently serves as director of the Bank Mikkelsens Mindefond in Denmark and is the director of the Danish Japanese Cultural College. He left Japan for Denmark in 1967 to learn about the culture and the way that people are cared for in Scandinavia, later studying social work at universities in that country and obtaining certification as a social instructor. In 1983, he established the Bogense Living School. He founded Bank-Mikkelsens Mindefond in 1991, becoming its director, and also established the Dansk Japansk Folkehøjskole in 1997, where he also serves as director. Chiba has devoted his career to the education of physically and mentally handicapped children, and developed a Folkehøjskole for all people to live in and learn together. As for publications, he collaborated in the translation of “A Handbook for Caring Dementia from Denmark” (2003).



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