
Ageing Population Development

Kobe City Experiences

Pennee (Kantavong) Narot
Narong Kiettikunwong

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The Konrad-Adenauer-Stiftung e.V.
(KAS; Konrad Adenauer Foundation)



College of Local Administration
Khon Kaen University

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Supported by

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Foreword

People's life expectancy has increased worldwide. The average life expectancy is currently 80 years, especially in industrialized countries. In only a few centuries, the lifetime has increased twice or three times. A pleasant development which is above all due to the improvement of people's living conditions. Above all, economic, technological and medical progresses have contributed to this.

However, this has created new challenges. Social systems should and must be further adjusted. The increasing number of older people in many countries of the West cannot be compensated for by equivalent birth rates. Clearly, this means that less and less employable people have to support more and more older people. The traditional intergenerational contract is long endangered. This is where social explosives develop, which must be defused in time. Necessary for the community are useful and viable life forms in old age, self-responsibility with the help of the community at the same time.

Affected are all areas: from the type of living on creative forms of life design to care. The most advanced and thus the model has become Japan. Therefore, the Konrad Adenauer Foundation has gladly supported the scientific work of the College of Local Administration to analyze and present a successful aging population

development using the example of the Japanese city of Kobe and contributed to the publication of the findings.

Especially, as this worldwide process is progressing dramatically in Thailand as well. As early as in year 2036, more than one third of the Thai population will be in retirement age. The current life expectancy is 77 years and is expected to rise further. It's time to take action!

Georg Gafron
Resident Representative
Konrad Adenauer Foundation
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Editor's Note

We are delighted to introduce *Ageing Population Development - Kobe City Experiences*, one of our books in the area of studies on ageing, which aims to provide a truly interdisciplinary solution at a time of great demographic change across the world.

Based on our original research and insightful reviews, the objective of this book is to present up-to-date alternative ways to help tackle the critical issue of the overpopulation of aged people in societies based on the extracted, vibrant and engaging model from Kobe in Japan.

There are three focal points contained in this book. The first, Exhibited Problems (Chapters 1-2), will provide a short synthesis of issues pertinent to the emergence and management of the rising number of ageing populations, which virtually every country in the world is experiencing and is becoming increasingly important. The second, Critical Reviews (Chapter 3), will provide a critical and contemporary review of the Japanese way of dealing with an ageing population as it grows. The third, Innovative Concept (Chapters 4-5), will be the last key point of this book to demonstrate a sound theoretical and/or methodological underpinning and a clear contribution to knowledge in the field.

We hope that this book will introduce an insightful yet most practical of ways to cope with the challenges posed by the earlier

exemplified concerns of expanding ageing populations. At the same time, we also hope that the material presented in this book will help to sustainably increase the quality of life of people across societies, while reducing the probability of an individual being subject to sub-standard treatment or being left behind.

We much appreciate the support from the Konrad Adenauer Foundation, the College of Local Administration at Khon Kaen University, and the Kobe City Council for their substantial contributions in making publication of this book possible.

Best wishes and thank you in advance for reading *Ageing Population Development - Kobe City Experiences!*

Editorial Team

Executive Summary

At present, the global society is well aware of the ageing situation. The United Nations has warned the world about the challenges arising from the growth in the number of ageing populations. Thus, it is imperative for every country to have policies and programs to accommodate the situation. Japan is the country with the highest proportion of elderly citizens not only in Asia but also in the world with 33.4% of its population, or one in three people, who are above 60 years of age. The Japanese government has taken this issue as its priority and responded by adopting policies and measures under long-term programs. These programs cover every aspect including families, welfare, economics, employment, elderly care, social networks, etc.

Kobe is a city in Japan which is famous for having an outstanding model for elderly care. Its comprehensive programs include car services for elderly people with Alzheimer's disease, hospital rehabilitation training and counseling for families who live with ageing relatives, short-term daily services, a comprehensive welfare complex where the elderly can stay overnight, training and consultation for the aged with disabilities and their families, daily care with nursing, long-term rehabilitation with personnel assistance, and housing for the aged. The most interesting program is the Kobe Senior Citizens' College (Silver College). This program aims at providing the elderly with the enjoyment of life-long learning. The entire system is

run by cooperation between Kobe city and the locals in the community.

For the past several years, Thailand has been working diligently in order to cope with the challenges rising from the significant growth of an ageing population. According to the Act on Older Persons, 2003, Section 3, older persons is defined as people who are 60 years old and older. Derived from this Act, the development of visions for taking care of the aged was announced and was followed by health policy recommendations for older people including:

1. Improvement of health services so that they are seamless and increase accessibility to public services which can be provided in many ways and localities such as by promoting the roles of a local administration organization.
2. Increasing the effectiveness of care for senior citizens outside the health care setting, especially for long-term care in the home and community.
3. Practice of the appropriate use of medicines in the cases of the elderly who are using medicines for a long period of time.
4. Improving the effectiveness of disease prevention and health promotion for diseases like diabetes, hypertension, and mental illness.

5. Supporting exercise, social activities, and the quality of life such as by accessibility to green areas, and ensuring safety of life and property.
6. Improvement of the information system so that it can be accurately monitored in real time.
7. Defining indicators of progress in the implementation of policies and plans for elderly care so that the data are credible and able to reflect actual situations. The indicators must also be relevant to the target and goals.

However, it is evident that there is a tendency for an increasing number of elderly people to be living alone. These elders have less access to public services than those living in extended families. It has also been reported that the elderly who live in rural areas have higher expenses than those living in big cities when accessing the same kind of services. The expenses include traveling expenses and food. This situation brings about an inequality in accessing public services.

Under the conceptual framework of managing and providing care for the elderly in Japan, the aims are to promote the ageing group's mental and physical health, having a good society which includes a happy family, a caring society, a suitable environment as well as safety and security in accessing crucial services for the elderly.

The Thai government may provide public services based on the experience gained from the present model, for example:

1. Provision of priority services for the aged group who visit health organizations such as providing priority fast lanes, wheelchairs, special restrooms, etc.

2. Organization of collaborative service programs with private hospitals such as for glycaemia surgery. This collaboration under a memorandum of understanding will provide great benefits for the elderly.

3. Provision of intermediate care for the prevention of mishaps to vulnerable patients by offering health care services between hospitals and the home.

Nevertheless, all of these schemes will not materialize if there is no co-operation from people in the community. The lesson to be learned from Kobe is that Thailand should raise public awareness and stimulate every sector to work collaboratively in a holistic system to co-create improvement of the quality of life for the ageing population throughout the country.

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Chapter 1

Situation of the Elderly Population

Demographic Transition

In 2006, the number of elderly people increased to 12% globally, and it has dramatically grown since then while the total number of the world population has slowly increased with an annual growth rate of 1.1% until now. The number of elderly populations throughout the world is expected to increase. The trend of the expanding number of elderly people in ASEAN countries is more or less identical (as shown in Table 1).

Table 1 Overview of ASEAN's population, divided by country¹

| Country | Year 1999 | | Year 2016 | |
|-------------|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| | Total population (thousand) | % of population 60 years old and above | Total population (thousand) | % of population 60 years old and above |
| Singapore | 3,823 | 10.5 | 5,697 | 18.7 |
| Thailand | 61,974 | 9.6 | 68,147 | 16.5 |
| Vietnam | 79,400 | 8.6 | 64,444 | 10.7 |
| Indonesia | 208,644 | 7.2 | 260,581 | 8.5 |
| Myanmar | 47,107 | 7.1 | 54,363 | 9.2 |
| Malaysia | 22,899 | 6.1 | 30,752 | 9.5 |
| Laos | 5,256 | 5.4 | 6,918 | 6.1 |
| Philippines | 76,285 | 5.0 | 102,250 | 7.4 |

¹ Foundation of Thai Gerontology Research and Development Institute (TGRI) and Institute for Population and Social Research, Mahidol University. (2018). Situation of the Thai elderly 2017. BKK: OctoberPrint. p. 30

| Country | Year 1999 | | Year 2016 | |
|----------|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| | Total population (thousand) | % of population 60 years old and above | Total population (thousand) | % of population 60 years old and above |
| Cambodia | 11,928 | 4.9 | 15,827 | 6.9 |
| Brunei | 324 | 4.0 | 429 | 8.1 |

Meanwhile, the potential negative consequences, such as the collapse of a country’s pension and health care systems, due to the growing demographic change of an ageing population and the shrinking number of its younger generations are being discussed. Thailand has officially become an “ageing society” since 2005. The percentage of the population aged 65 and older in Thailand increased from 5.0% in 1950 to 8.4% in 2000. If Thailand’s ageing rate continues to rise at this constant rate, Thailand is predicted to completely become an “aged society” in 2021, and will become a “super-aged society” in the next 30 years with 27.1% of population aged 65 and older in 2050.²

² According to the World Health Organization (WHO), the proportion of a society’s population that is comprised of people aged 65 or older is called the “ageing rate”. If a society’s ageing rate exceeds 7%, it is an ageing society. If the rate surpasses 14%, it is an aged society; if over 21%, it is a super-aged society.

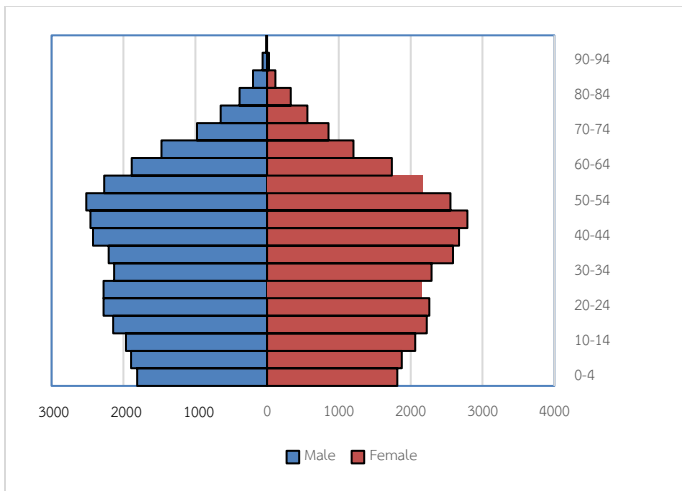


Figure 1 Population structure of Thailand³

Challenges of Ageing Society

Thailand has created a National Plan on The Elderly, B.E. 2545 - 2564 (2002-2021 A.D.), B.E. 2552 (2009 A.D.) edition, with the vision of the elderly as a pillar of the society. The ultimate goal is the “smart longest living and healthiest citizen” and 5 strategies have been launched:

Strategy 1: Population preparedness for ageing with dignity. This strategy consists of income security, lifelong learning and raising the awareness of people to view the elderly as valuable assets.

³ Office of the National Economic and Social Development Council. (2013). Thailand Population Projection, 2010-2040. BKK: OctoberPrint

Strategy 2: An elderly safety net the development of which consists of health promotion, strengthening elderly organizations, earning money to prepare for entering the aged society, encouraging media to present the issues regarding the elderly, and promotion of proper housing and an environment for the elderly.

Strategy 3: A social protection system for the elderly consists of income, health insurance, family, and a service and support network.

Strategy 4: For management of integrated development of the elderly at the national level, personnel development consists of promotion and development of the staff working in the field of elderly care.

Strategy 5: Development of a data base and distribution of knowledge about the elderly, as well as monitoring and evaluation of the plan's implementation, consists of promotion of research for knowledge development on policy formulation to support the elderly, continuous evaluation, and an improved data system that is accurate, up-to-date and easier to retrieve.

Additionally, Thailand has policies and a cabinet resolution on the elderly. On November 8th, 2015, the cabinet approved 5 measures for handling the ageing society: (1) employment for older people in order to provide their income security; (2) housing arrangements for the elderly with appropriate and convenient facilities for them; (3) housing loans of not more than 10 million baht for the elderly who are aged 60-80 years, who do not have a pension and who live alone, with the debt-free house of the elderly able to be used as collateral; and (4) integration of a pension system by forming a committee to formulate policies and set directions for the pension system at the national level as well as the establishment of the National Pension Fund. Also, the government runs the policy on financial support for low-income people under the Welfare Smart Card Project.

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*The ultimate goal
is the smart
longest living and
healthiest citizen*
”

Despite those attempts to prepare for and tackle potential problems that may be caused by the continuously rising number of the ageing population, Thailand is still facing the challenges of an ageing society. Its preparations to respond to the needs of the growing number of older people still face some important problems. Some key challenges of the ageing society in Thailand can be summarized as follows:

Technology and Innovation Challenges of Elderly Care

In many developed countries, the government and/or responsible parties are carrying out projects that aim to increase the well-being of older people via sophisticated new technologies and innovations. Inventors have tried to apply technology such as artificial intelligence (AI) to learn the behaviors and interactions of the elderly so that appropriate activities can be promoted and provided for them with the aim of improving their quality of life. For example, AI can be used to help assess the cognitive impairment among the elderly. In medication management, it can help determine whether the elderly receive the correct or appropriate doses of medicine as prescribed and at the correct times. Another advantage of AI is in entertainment where it has been developed to be user-friendly for the elderly in some activities such as providing music playlists and gaming based on their preferences. In terms of health promotion, AI can be used as a brain trainer to help prevent amnesia via the use of games which allow the elderly to improve their mental health and memory. A further advantage is that, on some occasions, care services provided by AI can be more appropriate than human beings. This is because when it comes to elderly care AI, the machine without feeling, can deal with repetitive actions done by the elderly without feeling any annoyance or

tiredness; and it can be more efficient in monitoring the behavior of the elderly 24/7 without breaks or days off being required. In terms of cost, utilization of AI for elderly care is much cheaper and more efficient than the employment of human caretakers.

Nonetheless, despite the technology that has been developed by adapting AI for elderly support and assistance now having a much lower cost, this could be one of the major challenges that Thailand has.

Inventions for the elderly aimed at improving their quality of life and the existing innovations are still very limited; and development funding for new technology for elderly care is still very little. Competition in the market for the care of elderly people is still very scarce due to the lack of robust incentives. These are some of the problems concerning the promotion of innovation for care of the elderly in Thailand.

Health Challenges

While elderly care in Thai society often revolves around the family together with the local community, the elderly population still experiences a number of health issues. To combat this challenge, the government issued and has been pursuing its plan to promote a better quality of life in all facets for the elderly since 2012, with special emphasis on the promotion of accessibility to the older

people's health service system. A quality assurance system is in place to ensure that the elderly people's quality of life will be improved. According to a survey of the elderly population in Thailand in 2013, it was found that some performance indicators could not be achieved according to the set goals, of which the inefficient screening of the elderly for diseases is one example. Such a problem can lead to an increase in diseases in the elderly, like chronic disease, obesity, etc. To overcome this challenge, plans or strategies must be improved to meet the objective of health service management.

Economic Challenges

Income security is one of the most serious concerns for the elderly around the world and a very challenging issue for a government faced with an ageing society. As global economic crises and financial recessions that create a lack of confidence in self-reliance among the elderly are becoming a 'new normal,' pension fund investment – the best way to create the confidence within a society overly populated with aged people – is a serious concern, especially in developing countries. This is because, in developing countries, most workers are in the informal sector, so financial security and (basic) social protection for the elderly are easily affected. Though pension fund investment is another way to guarantee income security for

the elderly, there are actions that need to be taken by the government to acquire preventive measures against poverty among the elderly, such as enabling the re-employment of people after their retirement age.

Social Challenges

Apart from loneliness, social exclusion is believed to be another key contributing factor that is associated with depression in elderly people. A widened intergenerational gap among age groups due to a lack of awareness and understanding by the younger sector of society in regard to the demographic transition is among the key elements that cause this crisis. Moreover, building values, appreciating the potential of the elderly, and providing opportunities for them to get involved in family and community activities are not easily achieved. The solution that may lead to a positive change can be simply by them being given information. The resolution of the government sector may stimulate the tackling of this problem and may be as simple as providing measures to persuade the younger people to live with older family members under the same roof, such as through a tax deduction and minimum loan welfare, while at the same time it should provide all types of welfare services for the elderly to help reduce financial stress for younger generation caretakers. For instance, a low-cost health care service should be provided that is thorough and adequate,

and an affordable transportation service should be provided for the elderly going to a health care unit that is more convenient and safe.

Based on a database of the elderly, the challenges can create potential problems and severely affect their activities and lifestyles and there are no certain public measures to show that Thailand will soon be in a position to deal with the situation. There are 5 things that Thailand has done so far to deal with the problems, as follows:

- 1) Income security for the elderly – Thailand has promoted a national savings system by targeting the working age population to save enough money for living in an ageing society.
- 2) Job opportunities for the elderly – experienced and skilled elderly people are being re-employed in the manufacturing and service sectors, academic service, voluntary work, and wisdom transfer, while there are some elderly people who are currently being trained in skills for replacement where there

is a worker shortage especially in the Thailand New S-Curve Industries.⁴

- 3) A long-term elderly care system – at the policy level, Thailand has developed mechanisms and put in a lot of effort to establish a long-term elderly care system in both urban and rural areas. A significant budget for training and development programs for medical and healthcare personnel has been allocated so that they can have more knowledge and skills to take care of the rising number of elderly people.
- 4) Infrastructure and public facilities – the public sector has been investing a lot in building and improving infrastructure and public facilities, with knowledge, understanding, and public awareness for the safety of everyone, to create intergenerational solidarity among all age groups and harmonize people in order to

⁴ Thailand 4.0 policy has highlighted opportunities and investment trends in 10 targeted industries (New S-Curve Industries) namely: Next-Generation Automotive, Intelligent Electronics, Advance Agriculture and Biotechnology, Food Processing, Tourism, Digital, Robotics and Automation, Aviation and Logistics, Biofuels and Biochemicals and Medical Hub

create a co-sharing environment that will lead to a strong foundation for social inclusion in Thailand.

- 5) Readiness of rural community – the country has shifted from a 36% urban population to almost 50%, but the other half of the population is predominantly living in rural areas. The measure of success toward implementation of development plans and policies for the ageing population in the rural areas is still in question as there are obstacles such as the increasing demands on urban infrastructure, which disadvantages the capacity of a local administrative organization in respect of elderly care support and management through a lack of both officers with specialized training in extensive care for elder persons and a development program budget for human resources for local officers to improve their efficiency in care of the elderly.

To conclude, Thailand is one of the countries where the number of people aged 60 and older is higher than 10% of the population. There are still a number of questions to be asked, namely,

whether the National Plan on the Elderly, with its 5 strategies and a series of implementation plans laid out and launched by the government with the aim of handling the ageing society problem that Thailand is encountering, is sufficient or not. In the following Chapters, we will further discuss other measures, based on successful experiences of other countries, that can possibly be used as a ‘supplementary’ approach to help speed up the adaptation process in Thailand toward the issue of the ageing society in years to come.

Chapter 2

Development of Quality of Life in the Elderly

Apart from those countries already facing the challenges arising from a demographic transition, many countries will soon inevitably face these very same problems. A rapid growth in the number of older people results in many changes in a society, the economy, the culture, and the policy on ageing. To combat this, the United Nations expects that a nation's policy should be associated with 7 issues: 1) health and nutrition, 2) elderly consumer protection, 3) residence and the environment, 4) family, 5) social welfare, 6) income and job security, and 7) education. The main focus of this policy framework is based on a philosophy called "Ageing in place."⁵ This initiative can be seen in the policies of many countries such as New Zealand, Singapore, etc., and even in the special administrative area of the Hong Kong Special Administrative Region of the People's Republic of China. In consequence, governments should consider



Figure 2 Illustration of Holistic management framework

(Source: Author's own)

⁵ The Centers for Disease Control and Prevention (CDC) in the U.S.A. defines "ageing in place" as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

having strategies related to the issues mentioned above, while holistic management should be simultaneously provided for each issue. Some considerations for the management based on the above framework include:

- 1) Policies on health and nutrition should primarily not be focused on only one or two medical sectors, such as entirely on nursing alone or on some other medical profession, but emphasis should be on all sectors of health care, so that everyone is aware of and achieves the objectives of this issue. Governments should also consider providing incentives for the public sector to take a key role in providing services (e.g. homebased health, etc.) and become players in the competitive market via exploitation of appropriate competition and regulation of laws. This should eventually lead to lower medical expenses and a better quality of life for the elderly.
- 2) Elderly consumer protection is another important issue that should be highlighted. Nowadays, social media – whether Facebook or other social media platforms – usage

trends among elderly people have been found to be higher with the exponentially higher access to smart devices in the past few years. The problem with using a smart device on social media for the elderly is that they are exposed to higher risks of being exploited by deception, criminal activities, identity theft, fake news, etc. There is a growing number of elderly people who have lost money through scams on social media. Therefore, apart from governments' efforts to equip the elderly with the necessary skills to understand and use digital technology (digital literacy) – which includes the skills to use smart equipment and digital technology that is currently available, such as computers, phones, tablets, computer programs, and the ability to filter online media to make the most use of the information that is very important for coexisting in the modern era – a comprehensive special purpose vehicle consumer protection mechanism in the prevention of harm to and rescue of elderly people from so called IT crimes should be built specifically for them. For example, in

Singapore public multi-service centers with a one-stop service are established in order to provide appropriate services for elder people including help with customer protection issues. Thus, an intermediary office would be a very helpful mechanism for the elderly in various assistive consumer protection services.

- 3) Housing and an environmental policy should not be too broadly defined. Detailed implementation as well as budgeting plans (with allocated funding) must also be in place to be certain that ‘policy’ will not just be a piece of paper or historical evidence, while ‘plan’ will not just be a so-called plan or *Ning*.⁶ That said, governments should not just have a policy or will to conduct projects, but in order to actually improve housing and residences for the elderly (under the concept of ageing in place) policies must be turned

⁶ In Thai, *Ning* means a state of being still, quiescent, mute, or slack. So, for a plan *Ning* is an informal Thai expression or slang that can be interpreted as “a plan that will never be executed.”

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technology*
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into operational plans, and plans must lead to actions which in practice may not occur without money. So, the goal under this strategic framework is to ensure that the elderly do not have to move but rather adapt themselves to the community (environment) through a variety of health care services including a loan for building or renovation of a house so as to be more compatible with the universal design provided locally in their community. And, if by achieving promising results it leads to a higher quality of life for the elderly, simultaneously the community in this project can mutually benefit directly (via public spending or budgeting invested to implement the programs based on policy), or indirectly (via economic returns, such as by having less of an effort or burden to care for elderly which would mean having more time to make money for themselves or by having a more elderly friendly environment); and the elderly can be more self-reliant by doing work from home, which is typically not easily possible if older people have to relocate themselves to a new environment

(community), especially in a nursing home. Additionally, it must be taken into account that another key success (or failure) – despite the presence of all key elements, namely policy, plan, action, and money – can arise from the effort put in by a local administrative organization (LAO). Needless to say, an LAO taking a key role, such as by getting involved in creating a positive community atmosphere to support the elderly, or simply by being less stringent or without moldy governmental procedures, or by becoming more object-oriented may have given rise to a policy's success rate. As an example, a semi-detached universally designed house⁷ can be built (in the case where re-building or renovation of an existing residence is too costly) to make it possible for an elderly person to live with the family members, and an LAO can take a key role by helping the elderly person or the home owner to apply for a loan to avoid delay since the LAO is already well aware of all the

⁷ A knock down house - a prefabricated structure, built in a factory before being transported to site.

qualifications and conditions for acceptance. A last point to consider is that a good policy, plans, action, budgeting and implementation facilitated by local actors like an LAO to help the elderly to live in the environment or community where they have been living all their lives and which is a happy place for them to live when they are aged can make a great impact; however, as policy-makers change, many 'good policies' are replaced by so called 'new good policies.' To remedy this, policies aimed at an ageing population must be put into the country's 'supranational plan' along with a permanent long-term higher-level administrative body whose sole function will be to implement the policy by any means necessary and to be accountable for the success or failure of the plan.

- 4) On family issues, there are connections between an individual's economic production, health, and work capacity. So, elderly people whose health condition deteriorates with increased age, have more of a tendency to produce less economically

compared to other age groups. This means that as we are in the process of ageing, our economic production capacity is slowly shifting toward other age groups, especially among our family members and children. On the other hand, the rising number of females participating in the labor workforce is being increasingly recognized by the government and businesses. The phenomenon arises because of a decrease in the supply of older people (and male) as workers in the market and changes in the population structure and it reveals that females play an important role in boosting the growth of per capita income while simultaneously subsidizing the loss in economic production of older persons who are slowly leaving the labor market. So, it is important that the policy should be consistent with this phenomenon while making no gender differentiation so as to allow an equal and frictionless economic flow between the age and gender groups. For instance, Japan has a persuasive policy that allows daughters to take leave from their occupations to care for ageing parents at home so that the parents do not have to

move out and live in a nursing home. Thus, transfer of resources is one of the strategies to consider in caring for the elderly when it comes to family issues.

- 5) Social welfare is obviously a big issue in many countries. A mistake commonly found in those countries which fail to deliver a successful social welfare policy is the mismanagement or disorder of the implementation process that is in place. For the implementation of a social welfare policy for the elderly, there are six steps that should be followed sequentially in order to ensure the effectiveness of the



*Figure 3 Effective social welfare policy implementation life cycle
(Source: Author's own)*

implementation phase of the social welfare policy, as follows: (1) **preparedness** for entering an ageing society, (2) the elderly should be encouraged to **accept** the arrival of old age as a part of the life cycle, (3) the elderly should be given an **opportunity** to be people who can support their families and communities, (4) **promotion** of a culture that understands the nature and culture of the aged, (5) **empowerment** of the elderly so that they are provided with an opportunity to choose desirable jobs according to their interests so as to promote their happiness, well-being and quality of life, and (6) a **reflection** on positive attitudes toward the elderly. Singapore drives its policy through a software program which refers to continuing care; it is a combination between a health care service and a social system that focuses on a happy life and good health rather than on medical treatment. The Singapore government and related sectors also cooperatively take responsibility for driving a service strategy for a better quality of life for the elderly with the aim of social integration, such as with its

“hardware” approach which refers to a scheme to improve the infrastructure of homes and the environment to benefit the elderly. Many countries have tried to invite the private sector to play a more active role in the elderly care system, and money allocated to the elderly is a supportive policy in almost all countries. 6) To attain the goal of income and job security, it is necessary to increase the numbers of those being re-employed among the elderly age group. However, despite governments’ efforts in the past to support older workers returning to work by spending on programs to provide training skills for the workforce in order to assure that they are just as effective at work as their younger colleagues and providing incentives to the private sector to motivate companies to keep their elderly workforces employed for longer terms, the re-employment rate among the elderly age group is still very low. This may derive from bias which can be divided into two categories, namely traditional bias and industry bias. Traditional bias toward an elderly workforce can be described as a way

of thinking that is often prejudiced in favor of or against one thing, person, or group compared with another (normally unfair/not scientifically proven) such as with age stereotyping, impaired ability to work with younger employees, deterioration in physical strength and speed due to age, etc. The industry bias can be described as the tendency of an economic sector or unit to support the interests of the one thing, person, or group compared with another (normally unfair/not scientifically proven) such as in the current developing technology environment (also known as the disruptive technology era) with growing trends like the Internet of Things, artificial intelligence, machine learning, robotics, and virtual reality; demand for aged workers in this industry is still very low as the employers perceive that this group in the workforce may (mythically) lack the work capabilities and motivation to work longer hours. So, in order to make this policy work and make a profound impact, providing equal re-employment opportunity may be the key to success. This must be done in two ways. By

the government, through the proper amendments of rules and regulations – for instance, re-employment legislation was implemented in Singapore in 2012 where employers are required to re-employ older employees until the age of 65 and subsequently to the age of 67 – so that companies are likely to see increasing numbers of mature employees. And by the employer (and the elderly workforces themselves), through changing their mindsets to be fully convinced about the capabilities or value that older workers can bring to their organizations and the industry – for instance, many employers in Japan and New Zealand have changed their human resource policies to provide employment for elderly workers.

7) In terms of education, although it is obvious that promotion of educational activities especially amongst the elderly group is important from both an individual and societal perspective, it is not an easy assignment in reality. This is may be for two main reasons: 1) individual learning habits cannot be changed overnight. Many studies

have shown that an individual's learning habits or patterns must be changed no later than the age of 40 after which it is more difficult to break someone's learning habit and install a new one. This would mean that promoting life-long learning among the elderly would be already 20 years too late (considering a retirement age of 60 years old); 2) a lack of learning opportunities due to geography when access to education is limited or varied in different regions and residential areas. Although the government is well aware that the elderly (and subsequent generations) should be educated in preparation for re-employment leading to a better quality of life, in many deserted locations like border areas, conflict zones (as in three border provinces in the southern region of Thailand⁸), and backcountry and wilderness areas (e.g. higher peaks in the northern region of Thailand) the supply and

⁸ Southern Thailand insurgency originated in 1948 as a result of an ethnic and religious separatist revolt in the historical Malay Patani Region, made up of the three southernmost provinces of Thailand which are Pattani, Yala, and Narathiwat Provinces and parts of Songkhla Province.

demand for life-long learning among the elderly are still not at equilibrium.

Active Ageing

The genesis of the concept of active ageing is based on the promotion of longevity, obtained positive experiences, health care accessibility, involvement in social activities, and life security. As defined by the World Health Organization (WHO), active ageing is a process of ageing with opportunities provided for a better quality of life such as a health care service, social participation, and life security. It is also believed to be a measure to improve the quality of life in the elderly because raising the awareness of active ageing can help people to realize their strengths including their physical, social, and mental fitness throughout their lifetime while participating in social activities based on individual needs and possibilities. At the same time, when people understand their strengths, they are likely to also realize the weaknesses that they have and find ways to take appropriate action to improve their strengths or get rid of their weaknesses. Thus, the term active ageing can be referred as a pathway (mean) to attaining a target of improved wellbeing which includes involvement in social, economic, cultural, and spiritual citizenship activities in every aspect as well as participating in professions in both a collective group of older people and as an individual. At the same time, the term active ageing can be used as goals (ends) which include:

1. **Autonomy** – an individual's ability to govern and believe in self-determination in daily life.
2. **Independence** – a freedom that the elderly should have in doing daily activities such as independent living

without any caregivers or with only a little help from others.

3. **Quality of life** – the acceptance and understanding of the living conditions in a cultural system and the social values where the elderly live based on an expected aim and standard. The quality of life in the elderly mostly depends on independence and autonomy.
4. **Expectation of longevity** – refers to measures laid down for the elderly to live a longer life without being disabled or ill.

Guidelines to Promote Active Ageing

In addition to the above references, active ageing is based on principles of human rights according to the United Nations' framework, i.e. independence, participation, dignity, protection, and self-fulfillment. Thus, one way to move from being non-active to active is to change the way public policy is constructed from a needs-based consideration of paying (welfare) money directly to elderly people to a rights-based consideration; this would create equality of opportunity and develop all forms of treatment for the elderly including promotion of participation in the political process and other community activities through co-sharing platforms (physically or virtually). Furthermore, the policy and program to promote active ageing available for the elderly should be for both groups and individuals, and successful implementation of the policies with underlying active ageing principles should lead to promising outcomes

consistent with the principles of human rights. Some examples of the concrete outcomes from implemented health care service, employment, and education policies that adopt promotion of active ageing are as follows:

- High capacity elderly persons will live longer (the mortality rate among this group would be lower).
- Disability caused by chronic diseases would be lower.
- Most of the population will be happy with a good quality of life when they are aged.
- Most of the population will be actively involved in family and community issues. Their participation should be related to social, cultural, economic, and political activities either with or without being paid.

Programs and policies that involve active ageing principles should emphasize promotion and creation of a balance for the elderly between responsibility for self-care, development of a friendly environment, and the promotion of intergenerational living in the community. In order for the implementation of an active ageing policy to be successful, local government and the community must be involved and try to prepare for this shift by incorporating active ageing principles into their strategic and implementation plans. For instance, an active ageing national healthcare policy should aim primarily toward empowering local communities to foster a better quality of life for elderly people throughout their lifetimes. One of the key roles

that a local government must take to achieve this may be by striving to get as many local stakeholders involved as possible, rather than only issuing and mailing welfare cheques to the elderly and their families on the central government's behalf.

In terms of the economic aspect, programs and policies on the promotion of active ageing should focus on expanding the opportunity for and the reduction in the cost of health care rather than on subsidizing the elderly people for their job losses. With this underlying principle of active ageing in mind, the elderly will be able to live and work continuously if they are healthy and strong. This can help reduce the cost of their health insurance and pensions. The healthier the elderly are, the lower the cost of the medical care they will pay for; therefore, an active ageing economic policy should aim to increase money in elderly peoples' pockets by increasing their ability to earn more, not by putting money directly into their pockets.

Another consideration about active ageing is emphasis on the cultural aspects which may determine the process of entering ageing for an individual or a group of people. The culture usually influences awareness and care of other things that encourage the elderly to become actively ageing. Both tradition and culture educate people about the nature of the elderly and the ageing process. Based on the norms of a society, illness usually occurs in the elderly, but illness prevention is overlooked. In general, people in Asian societies live in the extended family, where people of different ages live together, and behavioral health service and care are influenced through the family practice.

Determinants of Entering an Active Ageing Society

An active ageing society can be referred as a society that includes the elderly who live with sustainable happiness supported by a primary care cluster including a safe and secure residence, enough savings during retirement, market innovation, improved life quality and security, and the provision of social welfare. Thus, in the active ageing society the elderly people feel more secure and have more choices of activities to participate related to their interests.

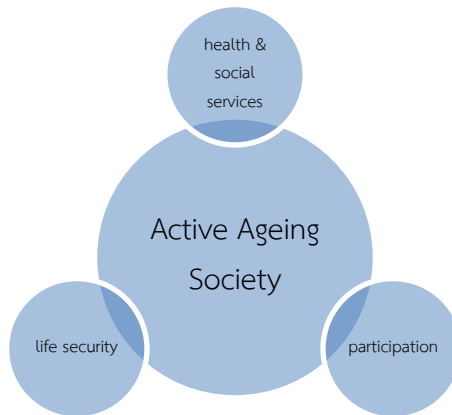


Figure 4 Illustration of Determinants of Entering an Active Ageing Society
(Source: Author's own)

Influential determinants in an active ageing society which should exist throughout the lifetime of the elderly are **health and social services**, **participation**, and **life security**. Nonetheless, the

intensity of these key determinants may change at each stage of life according to an individual's needs for health, participation, and life security. For instance, elderly people who live in a society with good healthcare services, inclusivity, and fewer financial burdens typically have a higher life expectancy rate⁹ than those who live in a society with poorer healthcare services, age discrimination, and sophisticated financial obligations. Each determinant of an active ageing society can be explained in detail, as follows:

Determinant of Health and Social Services

A health care system should be promoted for active ageing during a person's lifetime by emphasizing the issues of health promotion, disease prevention, accessibility to primary health care service, and long-term health care. Health and social services must be integrated with effective cost benefits. All services should be provided for all age groups without discrimination, so that all age groups receive these services with dignity and respect. Moreover, factors determining well-being in living healthily should be based on self-care over a lifetime which is very important. In most developed countries, elderly people get priority in health and social services such as by receiving special attention from medical personnel. In terms of social services,

⁹ A statistical measure of the average time that a person of a given age can expect to live.

healthcare should be changed from treatment (corrective) to prevention with a cooperatively holistic approach, based on the belief that it is never too late for self-care. Thus, activities that promote good health and nutrition are important in preventing diseases and living a long life, so people should stop smoking and drug abuse, and take medicine carefully. All these elements would lead to aged people living a quality long life with no chronic diseases. The last key point on the determinant of health and social services is the awareness that mental health in the elderly can have a great impact on them as regards a higher or lower confidence in self-care and self-responsibility.

Accordingly, preparing for good determinants of health and social services is an important component of self-adaptation in the elderly as life changes.

Determinant of Participation

Social environmental factors that promote health, participation in society, and security for the elderly consist of social support, educational opportunities, lifelong learning, life-cycle planning, and care and protection against bullying and assault. Risk factors leading to illnesses and disabilities in the elderly consist of loneliness, isolation, illiteracy, and living in a conflict situation. Nonetheless, it has been observed that gender is an interesting issue when considering women's participation in society, i.e. women are

inferior to men, especially in eastern cultures. This can sometimes have an effect on their way of life, e.g. receiving a lower level of education and an inability to find a decent job. In some societies, women may be compelled to quit their jobs in order to take care of children or ageing parents.

Consequently, social support is an important factor for the elderly to live happily. Relationships that do not end well can be a main cause of stress while social support and interaction mainly enhance emotional stability.

In the case of Japan, the elderly who lack social interaction are prone to have a short life or die within the following three years compared to the elderly who receive social support. The elderly generally tend to encounter the loss of family members and friends as well as loneliness and isolation all of which affect their physical and mental health, including their happiness. This circumstance tends to be found more in men than in women; however, in some cultures elderly widowed women are subjected to isolation from the mainstream of society or the community.

The above-mentioned problems can be solved by the relevant administrators, organizations, and health service providers from diverse professions through the creation of social networks for the elderly to support traditional society and social groups organized by elderly volunteers. Moreover, social networks also support neighboring communities by following up the caregiver

groups, providing activities for the members according to their age groups, and community visits.

Determinant of life security

Life security can be defined as a safety net for an individual to fall back on, which in the context of an active ageing society comprises three sub-elements: 1) **economic security**, 2) **familial security**, and 3) **social environmental security**. These elements are there to help support (like a safety net) and increase life security of the elderly.

For the *economic security* element, recognition and awareness of the existence of this aspect in society is important and significantly influences life security for elderly people. To create this safety net, policies should concentrate on poverty reduction in the elderly because, while every group of the population is at risk of facing poverty, the elderly are even more likely to be exposed to the risks of poverty and disability than other age groups, which will eventually lead to a lower or no life security. Another thing that should be considered for promoting economic life security is a policy equipping elderly people with the skills and experience that can be helpful in being re-employed or staying longer in the labor market. Preparation of an economic safety net for the elderly to have higher life security should be carried out during their pre-retirement (adult) age.

For the *familial security* element, the family as the smallest social unit takes responsibility for forming familial security by providing care of the elderly. However, nowadays it is evident that a culture of intergenerational living in a family is declining. So, to create a familial safety net in an active ageing society, it is necessary to develop a mechanism for taking care of the elderly who live alone, especially those who are unable to earn money and are helpless. For those who are still supported by their families and have their own savings, which is found to be relatively few in number, a pension (economic security element) may be a key mechanism to reduce a family's financial burdens and be able to continue supporting their older family members. In terms of occupational support in developing countries, a government is likely to place importance on jobs which offer payment or opportunities to work at home.

For the *social environmental security* element, the elderly should have awareness of social environmental safety, not only in their own residence but also in their neighbors' and family members' residences, and accessible service centers which can provide them with facilities. A social environment with insecurity and conflict can lead to mental and physical health problems. In fact, to reinforce this safety net for the elderly, doing unpaid or volunteer work, such as teaching, community and religious affairs, business, health, and politics, leads to a better quality of life

for the elderly because it gives them social interaction, better mental health, and opportunities to make a contribution to the community and country. This in the long run helps create social environmental security.

Chapter 3

Situation of Ageing Population in Kobe¹⁰

Japan is the first super-ageing society country in Asia because 22.2% of its population are aged 65 years and older. The Japanese government has prepared long-term policies that drive a plan to cope with this situation. It should be noted that the savings and investment rates for the Japanese population are higher than in other countries. Although they may have income security, finding ways to cope with this extreme demographic transition is still among the Japanese's top priorities.

In order to prepare for its ageing society, the Japanese government initially analyzed various problems: 1) a decline in the birth rate due to the postponement of marriage can lead to a demographic transition because (a) more women choose to live independently and (b) couples do not have sufficient savings or cannot afford to raise children due to high expenses and the limited numbers of child care centers still available; 2) real estate in Japan is limited and costly; and 3) Japanese's traditional culture drives some women to decide that they do not want to take care of children especially in a highly competitive environment (having to raise a child

¹⁰ Based on presentation of Mr. Kazuo Yahisa, Kobe International Center for Cooperation and Communication, Aging Population Development Workshop, September 3-7, 2018, at the College of Local Administration, Khon Kaen University, Thailand

while still working is believed to be a big burden and a possible obstruction to career growth), although this is true not only of Japan but also with other some ASEAN countries. Moreover, the problem of a decline in the birth rate has a huge effect on labor shortage and the economy, and imposes a high responsibility for supporting or caring for the elderly.

The Japanese government has launched policies to alleviate the above problems by increasing childcare centers in order to accommodate those who want to have children and allowing women to take leave to care for their children at home. To ensure economic growth, the government introduced a policy on manpower substitution by allowing foreigners to work in the country. A policy on outsourcing was made to reduce costs while adding services in the case where elderly care volunteers can provide support when the government is unable to do so. In order to reduce the expenses and increase more services for the elderly, the Civil Society Organization¹¹ was established. This organization provides opportunities for the elderly to meet others and join activities that lead to better mental and physical health. Moreover, Japan's retirement age was raised to 65 years in order to solve the problem of labor shortage. The government and public organizations have laid down many measures to provide occupational opportunities for the elderly by: 1)

¹¹ A non-governmental organization with a mission to improve civic life in the areas of entertainment, recreation, religious worship, economic association networks, cultural groups, informational and educational groups, interest groups, etc.

positioning and improving skills for the elderly, 2) counseling and information services, and 3) financial aid. However, the balance of needs assessment between the public and private sectors should also be highlighted, and workers' compensation should be checked in terms of performance.

Private companies' policies on employment offer 3 ways to enable those aged 60 years and older to keep working in the company: 1) by extending the retirement age, 2) by extending occupational opportunities through a re-employment system and extending the employment contract, and 3) by building an *ageless society*¹². The elderly should be able to make their own decisions on working hours based on their health condition, lifestyle, and benefits from pension. The working hours of the elderly are shorter than those of general workers and they receive lower pay than the general workers. As a result, the Japanese government has provided support for the companies to change their management of human resources into continuous employment for all.

Japan introduced the Gold Plan in 1989 and amended it in 1995 to become the New Gold Plan. The plan is mainly about care services for the elderly with two platforms: 1) laying down the structure of a system that supports the elderly to live independently with a high quality of care service, and 2) using social resources with high efficiency and effectiveness to provide a health care service. In

¹² A society where people aged 65 or older will not be automatically regarded as seniors but will be encouraged to stay healthy and work.

comparison, the US health insurance policy is that an efficient and effective health care service should be covered by the provision of nursing homes as another alternative for long-term elderly care with a program called Continuing Care Retirement Communities (CCRC). It is difficult for Japan to build nursing homes, in which the elderly can live independently with the help of nursing staff, owing to limited building areas and costs.

Therefore, creating close networks together with health prevention systems, medical care, and social welfare is very important in the current situation. Nursing homes should be located in a central community and be the responsibility of the community sector. Because the needs of nursing homes for the elderly are relevant to the condition of health care planning and health services, it is imperative that: (1) health service accessibility should be provided; (2) medical care service networks should be strengthened; (3) the CCRC should be efficiently administrated through local organization; (4) more nursing homes for the elderly should be provided to meet higher needs. In the situation where housing is expensive, the financial system should be improved and financial help for the elderly should be one of the great concerns because the elderly normally face financial problems. The government may have to provide long-term loans and bonds to support initial investment, so that the housing situation will not be a burden for the aged; (5) case management and training programs should be provided to improve both the efficiency and effectiveness of the healthcare service because management is dependent on administrators and specialists; and (6) a quality

assurance system including feedback and reflections of healthcare service providers should be in place.

Elderly Care Mechanisms in Kobe, Japan

Kobe International Center for Cooperation and Communication

After Japan agreed to surrender at the end of World War II in July 1945, the number of births was 2.5 million during the period 1947-1949. However, in 1966, the number of births had dropped to 1.58 million,¹³ because couples did not plan to have a child, particularly a daughter, resulting in the dramatic decline of the birth rate. Although it started to increase again during 1971-1974, it decreased again after 1974.¹⁴ After 1960, the size of the younger population age shrank by 40% in the next 50 years (from 1960 to 2010). The proportion of children in Japan's total population dropped from 30% in 1960 to 13% in 2010. The size of the working-age population (ages 15-64) increased from 60 million in 1960 to more than 87 million in 1995 but

¹³ An interesting fact that partially accounts for this decline is that the Japanese believe that there are inauspicious times or years, based on the Chinese zodiac e.g. the years of the Goat, Monkey, and Rooster, in which having a child would bring bad luck to the family so that people do not plan to have a child during those years.

¹⁴ Nishimura, K. (2018). *Births decline to new low, deaths hit postwar high in 2017*. The Asahi Shimbun. <https://bit.ly/2JYUE1>.

declined to 81 million in 2010 and is projected to continue to decline at a similar pace until the year 2050. When compared to western countries, Japan took only 24 years (from 1970 to 1994) for the proportion of the population aged 65 and up to double from 7% to 14%. By contrast, France took 126 years (from 1864 to 1990), Sweden 85 years (from 1887 to 1972) and Germany 40 years (from 1932 to 1972) for the proportion of the elderly to double from 7% to 14%.¹⁵ ¹⁶

From the aforementioned demographic transition, the proportion of different age groups reveals that between 2000 and 2015 the over 65-year-old population increased from 60.9% to 67.1% while the younger and middle-aged populations decreased from 69.2% to 60.7%. As a result, the Japanese government has been focusing on providing a health care system and appropriate services as its first priority since the emergence of this phenomenon.¹⁷

In the context of Kobe, despite more people migrating to live in this region especially in the north of Kobe – where many houses were built in numerous valleys – its demographic transition toward becoming a society highly populated with elderly people and with fewer people in the

¹⁵ United Nations, 1956, 2010.

¹⁶ <https://www.suntory.com>

¹⁷ Ministry of Health, Labour and Welfare (Japan). (2013). Japan National Health and Nutrition Survey 2013. Ministry of Health, Labour and Welfare.

working age group started in 1920. Early on, to cope with the situation, many policies were introduced with the aim of helping to increase the birth rate – such as by developing the city in terms of water resources, a public health system, drain pipes, wastewater management, and other utilities – which resulted in a slight increase in the population trend.

Kobe is an important port city in Japan with many international relationships and has been involved in international trade and cultural exchange for a long time. It has established official friendship associations with foreign cities like Seattle, Singapore, Tianjin, and Milan. A situation where there is a continuously shrinking younger generation labor force and a higher cost of public spending on healthcare and social services for an ageing population group would make it very likely that Kobe would lose its competitive advantage and opportunity to grow economically. So, generation after generation, Kobe's leaders undertook many initiatives and efforts to combat this problem efficiently. Now, this key role has been given to the mayor of Kobe¹⁸, who is selected through a mayoral

¹⁸ In Japan, each municipality has one mayor and two deputy mayors who are directly appointed by the mayor. His key role in ageing development is a generator of well-being, and tackling the barriers to meet the needs and concerns of seniors in Kobe.

election like other local governments in Japan.¹⁹ Under supervision of the mayor, the city or municipal assembly is a legislative body responsible for considering what the mayor and his executive branch of the local government will develop in the city and how they will carry out their duties to implement it through Kobe's organic bodies.

The Kobe administrative structure is subdivided into 9 districts (or wards)²⁰, its administrative structure (organic bodies) comprises 16 bureaus, and 6 secretariat offices. These organic bodies of Kobe are critically important for mobilizing the city's public services, participation, and social activities including those related to aged people. Kobe has its sub-offices staffed by the Kobe officers within these 9 districts and they are periodically rotated so that they get to know the issues at the local level and eventually can take proper actions at the central administrative office. One special unit that has been established and specializes in promotion of elderly wellbeing in Kobe is called The Kobe International Center for Cooperation and Communication (KIC), which is under the mayor's authority and is a semi-autonomous sub-unit in Kobe.

¹⁹ In Japan, there are four levels of local government: provincial, city, municipality at the town level and the village levels. So "municipality" may mean specifically the legislative body at the town and village levels rather than "local" or "sub-national."

²⁰ Higashi Nada, Nada, Chuo, Hyogo, Kita, Nagata, Suma, Tarumi and Nishi

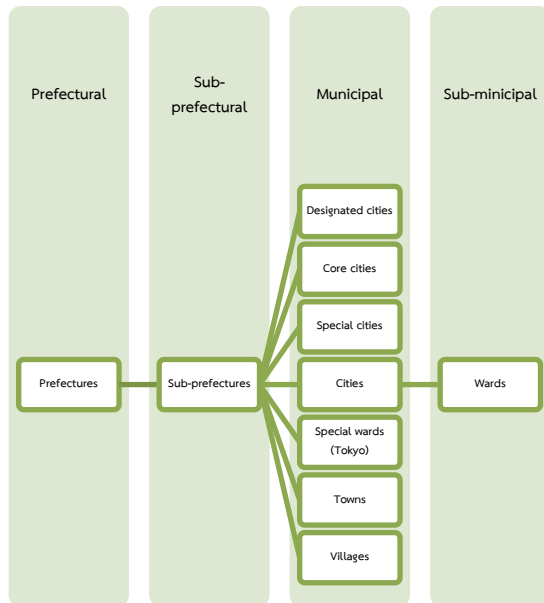


Figure 5 Administrative divisions of Japan

(Source: Author's own)

The KIC receives money from the Kobe government not only to provide assistive services and activities to improve the wellbeing of the elderly in Kobe and mitigate the negative influences potentially caused by the growing ageing population situation in Kobe, but also to provide opportunities for the people to get to know international issues and participate in activities to promote international friendship in many areas to improve their quality of life.

Community Clubs and Associations

It has become evident that ageing is not as easy to combat as it seems. Kobe alone cannot solve all its local problems, so one of the mechanisms used by Kobe is through allocating many of the responsibilities based on a community context to community associations to take over activities such as committees for disaster management in the local area.

The associations allow people in the community to volunteer to administer many of the responsibilities. Resident associations are located in many areas or streets and are organized for those interested in promoting safety and the convenience of living in the community. Subscribing for membership of an association requires very little money. In waste management organization, for instance, the association assigns and makes a timetable for which areas will be responsible for cleaning the streets, footpaths, parks, and public spaces as well as sorting waste. Although the municipality or local organization has community clean-up events according to a schedule that is not organized on a daily basis, these can be supported and completed with the cooperation of the people to keep their own community clean and pleasant.

Moreover, the resident associations can help to organize local or traditional activities as well as a disaster

preparedness drill program. The cost for organizing these activities is based on the fees paid by the members of the associations. However, without the support of the government, people can get discouraged. For this reason, Kobe has allocated a budget to employ people in the community instead of outsiders for cleaning the streets and maintaining streetlights. Not only financial support but also tools, such as brooms for cleaning public roads, are provided by the government.

Meanwhile, private road lighting also receives partial support from Kobe. The associations' areas of responsibility are divided by streets or roads. People can get involved voluntarily in management of the area in which they live. However, if the divided area is too large, it will be difficult for people to get involved in an association because they do not know each other very well. Thus, the community is divided into various small areas of responsibility for better relationships that can make it easier to work together, and each area would be subdivided into smaller groups.

For instance, it is easier for an association's members in a small area of responsibility to work together compared to a larger one, e.g. in organizing management of waste sorting. Burnable trash is separated by sorting and picked up on a certain day and recyclable trash is picked up on another day of the week. The residents are directly

responsible for waste management, and the Kobe government provides waste collection and burning services at the landfill twice a week. Although there is an official garbage collector responsible for garbage management, disposal and site cleaning, if the area is not completely clean or tidy enough, the residents in each area can get involved in this management. In terms of the law in Kobe relating to pets, all family dogs must wear a collar and be tied with a chain or rope. On the other hand, stray cats are found almost everywhere and, as they are not tied or chained, are a major problem that needs to be solved.

Various associations or clubs formed by the residents in the area take turns in performing the different duties and services such as the Kobe United Women's Association, Kobe's Disaster-Safe Welfare Community ("BOKOMI"), Kobe city urban development, the association for town development, etc. The Kobe Women's Club takes a key role in helping to strengthen the intergenerational relationship among all age groups. For instance, it arranges the Older People's Day activities by inviting primary and secondary school students to meet the elderly and join in many shows and games together. Another example is its organization of a school for educating all those interested in Kobe policies and measures, instructing on how to become a smart consumer, welfare rights, training programs, and other activities provided by volunteers. This club also

provides several activities for the elderly, such as a luncheon service for those elderly aged approximately older than 80 years who live alone, and the club members volunteer to help teach the elderly how to write Japanese letters because it is beneficial for the brain and the connection between the brain and the hands. The structure of this long-standing Kobe United Women's Association has become more complex compared to other volunteer groups, clubs, and association and this will be discussed in full detail in the following section.

Kobe launched the Disaster-Safe Welfare Community whose key role is to bring people from all generations together through disaster preparedness and management training programs. This strategy not only gives participants a chance to receive knowledge about a response to disasters and a survival guide and to make it easier for them to divide their areas of responsibility, but it creates bonds and collaboration within the community among all age groups. For instance, through an activity such as creating a community map, it allows people to know how many people, especially older ones, live in each house so that the elderly can be helped promptly if they have problems at any time and not just during the time of a disaster. This activity reflects the strategy for facilitating participation in community management.

Kobe City Urban Development is a public foundation for cooperation between all associations. Its role is to facilitate activities and communication between the communities, associations, and the Kobe officials to ensure the successful promotion of each project. For instance, Japanese children usually walk to school and so, to solve this difficulty, the foundation coordinates with various organizations to create a transportation service for the students. By providing transportation for the children, at the same time the elderly, the pregnant, and the disabled automatically benefit from the transportation that is provided. As another example, Kobe City Urban Development organizes Japanese cultural festivals through coordination of various organizations, in which the elderly who live alone are invited to join in the activities arranged by different clubs such as karaoke, playing chess, playing various sports, and having coffee together so that they will not feel lonely. In addition, it helps coordination between the older people and the child welfare committee which takes responsibility in visiting not only the elderly but also the disabled, poor children, and children whose parents have divorced or are sick.

These are just some of the examples of the associations formed in the communities since the central or Kobe governments cannot entirely support or help the communities. For this reason, it is quite clear that the people

in a community are a strong mechanism to help mitigate the negative impact of the ageing situation. However, the next challenges are to persuade the people to work together and to help promote community activities. This can be solved by giving them opportunities to show their cooperation and unity so that sustainability in the community can be built with interaction between people in the community through the integration of activities.

The Silver College²¹

In order to satisfy those who are interested in self-enlightenment, Kobe established the Kobe Senior Citizen's College or Silver College as a knowledge resource center and a place where the elderly can sharpen their intellectual capacity. Unlike ordinary educational institutions, Silver College is not a college, because participants cannot earn any degree or qualifications. At the same time, those who are regarded as teachers are the people in the community who have a lot of experience in a particular subject matter based on their previous professional backgrounds. For instance, the topic of environmental sustainability can be taught by an experienced retired scientist in the field and instructors from different fields are invited by the college to

²¹ Kobe Senior Citizen's College located in Village of Happiness, Kobe (Shiawase-no-mura).

teach in classes of approximately 100 people on subjects such as health and welfare, cultural exchange with neighboring or other Asian countries, the environment, and the arts. Although the students will not be certificated with an educational degree, the college is a place where the elderly can learn together regardless of what positions they held in the past.

In terms of the students' learning activities, they have freedom to learn based on their interests in choosing what they want to learn. Completion of a subject can be evaluated from the students' ability to develop practical projects or improvements in their own community. In terms of educational promotion, the Kobe government supports those who are interested by providing them with a budget to learn what they want. Some of the students may be still working while some are already retired people, which means there will be a lot of diversity in the classroom. Various activities are provided for the students to work collaboratively. The graduates will be able to apply the knowledge they receive to their daily activities or work and improve the challenges encountered in their own homes.

Non-Government Organization (NGO)

As mentioned earlier, Kobe United Women's Association (WA) is another mechanism that plays an important role in providing care for elderly people in Kobe.

Starting off as a women's volunteer association, the WA became a non-governmental organization (NGO), and the largest NGO network for helping an ageing population and the community; it has a structure that is well-organized with over 1,200 members doing activities together such as caring for others and setting up a group of translators for foreigners, and so on.

The WA plays a role in promoting the elderly to do activities together based on their interests such as taking photographs, flower arrangement, etc. For this reason, some older people feel interested in learning in the courses offered by the WA and may join the college which is run by the WA; but some of them prefer to stay at home and prefer not to work, so such a college is not really good for this group of the elderly. The goal of the college's establishment is to build happiness and longevity for the elderly. Due to the higher cost and limitations of learning in other colleges or schools, colleges for the elderly can meet the needs of the elderly. Activities are considered as one of the factors that can attract the target group to become involved. The supporting budget is from two sources: one is from the Kobe municipality to support maintenance of the buildings, and the other one from the tuition and entry fees. The support is mostly from the city while the elderly pay their tuition fee of 60,000 Yen annually that is used for supporting the activities. The college does not have permanent lecturers,

but normally university lecturers are invited by the college. The tuition fee can help support 40% of the total college budget; this support should be from community involvement in activating learning interest. However, the tuition fee for the elderly should not be too expensive, and it should be returned to the community in the form of activities. Another reason for making students pay the tuition fee is that it can stimulate learners to pay more attention to learning.

Village of Happiness, Kobe (Shiawase-no-mura)

Silver College is located in the Village of Happiness, Kobe²², which aims to provide comprehensive services to all people under the concept of co-living. Based on a concept that originated in 1950 and became very popular among western countries, Kobe has tried to follow this concept since 1971 and became successful in doing so in 1989 through the establishment of this Village of Happiness, Kobe. The concepts of this village are to provide a place for everyone to join and participate in various activities together. The services that Village of Happiness, Kobe provides include: sports, a language group, entertainment, cooking, spa, rehabilitation center, hotel, medical care, green recreational spaces, etc. The location is

²² http://www.shiawasenomura.org/english/e_sisetu/e_sisetu.html

not far from a train station so people, including the elderly and handicapped, can easily travel from downtown to the village on a regular basis, and this is considered another way to improve their quality of life physically and mentally.

In summary, the strengths of Kobe's development for the elderly are based on the vision of providing well-being for every person (not just the elderly), interdependence among people, health care planning, and health care provided for the elderly who live alone. This is the way for sustainability management using the community as a core reactor.

Because the Kobe government alone (or any other city) cannot manage the entirety of the communities, the use of volunteers is a strong tool in Kobe to help create inclusiveness among elderly people. In order to create a strong ageing development program for the elderly, the local community must transform its routine operation into activities or projects run by groups or associations, which will result in empowering people in the community. Another important point is that in order for people to be encouraged to take care of each other, knowledge is the key to success. Thus, formal and non-formal education, such as learning from the experience of the elderly, can be useful in promoting the quality of life for the elderly and this is also in line with the lifelong learning concept which is a required skill for the 21st century. Finally, in order to create a high-

quality care system, and social participation that leads to life security for all people including the elderly, all activities must be built around participation and trust among the people in the community to create a sound atmosphere with proper use of technology.

Chapter 4

Conceptual Framework of Holistic Care for the Elderly

Countries usually give priority to a welfare system for the elderly due to their declining physical and mental health. However, in many countries, activities and projects for the elderly are usually implemented from a simple local starting point. For example, in some counties in the USA, adult education projects are provided for the elderly to learn in a church or community center, or at a school in the evening. The elderly can learn many topics including health education. Some countries provide a training program for the elderly to understand the nature of ageing, provide occupational training and spend free time doing activities which lead to a quality retirement period for the elderly and enjoyment in their lives. At the same time, occupational training can promote the elderly to participate in working after their retirement. However, a project's operation has to rely on the current elderly population data, the activities promoting the elderly's quality of life, and the business center. Otherwise, a project needs be created in order to persuade the elderly to participate in activities together. Short-, medium-, and long-term elderly care together with caregiver volunteers, who could be primary or secondary school students, should be provided for them. In Khao Suan Kwang²³, a group of students rides bikes to visit the elderly and

²³ Khao Suan Kwang (Thai: เขาสวนกวาง, pronounced [*kʰāw sū̃n kwā.ŋ*]) is a district (*amphoe*) of Khon Kaen Province, northeastern Thailand.

help to read aloud to them. This elderly care mechanism is created with collaboration between home and school. Also, temples can inspire the elderly to do exercise, listen to sermons, and meditate and many temples are trying to promote people's health. Monks play an important role in organizing and monitoring the elderly's activities. These are examples of local human resource utilization.

Thailand has the elderly fund founded by section 13 of the Act on Older Persons B.E. 2546 (2003 A.D.), and under the jurisdiction of the Ministry of Social Development and Human Security. There are many projects at the local level conducted with government financial support from the fund and occurring in 1,278 centers. Different sub-districts and districts can apply to this fund to care for, promote, and develop the elderly's quality of life with many projects cooperatively conducted by volunteers, the local government, communities, the private sector, and educational institutions. This is the current way of working with collaboration between different organizations being needed because elderly care is not under the responsibility of only the Ministry of Social Development and Human Security and the Department of Older Persons; care should start from the perception of the challenges at all levels from childhood to adulthood.

Promotion of care for the elderly is regarded as a national agenda. Activities that are operated include a tool/equipment bank which is a place where canes and oxygen tanks are provided for care of the elderly. In Chiang Mai, a sidecar service is provided to take the elderly to Saraphi Borvon Pattana Hospital for physical therapy. These projects are led by community leaders and caregivers. In the past,

caregivers,²⁴ as a group of people, were occasionally responsible for elderly care. Now, they have to pass a training program of the Long-Term Care subcommittee or other subcommittee under the National Health Security Office. The government sector actually wants the elderly population to have a better quality of life as seen from the civil servants extending the retirement age for the elderly. The following interesting points were found from investigating the experiences of conducting projects related to the care of the elderly.

Well begun is half done! (leadership factor)

The school of long-lived older people was collaboratively founded by Chai Wan Forest Temple and Samliam Community with their own money and no direct financial support from the central government.²⁵ The curriculum used in this school is “Ageing with dignity”, and the focus, which is more on practice than on academic matters, includes elderly care, how to live happily during old age, nutrition, exercise, and sharing experiences among themselves. On every Buddhist holy day, the elderly who are the students in this school are invited by a senior monk to join in activities such as eating together and an educational tour so that they can gain more knowledge to be applied to community development. The numbers of the elderly joining this

²⁴ A community-managed hospital, specializes in physical rehabilitation along with traditional Thai medicine as well as Chinese traditional medicine with its main income comprising donations through charity, located in Saraphi district in Chiang Mai province, Thailand.

²⁵ Cooperation between communities, temples and local governmental agencies.

school have increased, and the school is supported by a budget from the municipality for the purchase of materials and school renovation. Sports are also supported for the elderly, such as Pétanque.²⁶ The strong point of the school is the singing and dancing activities. Sometimes, organizations from the private sector hire the elderly of this school to show their talents at opening ceremonies. The school also practices traditional Thai and Isan dancing with exercise every Thursday. Recreational activities such as singing and dancing are highlighted rather than academic ones. It can be seen that doing activities, e.g. eating together, can make the elderly socially happy. Apart from the clubs or activity zones, the elderly can do activities everywhere. For instance, there are many temples in Bangkok, so a temple pavilion or court can be available for them to do various activities such as planting and organic vegetable gardening under the supervision of the abbot. The elderly not only do the activities but are also happy to meet their friends.

In consequence, the elderly school is a very important activity because people in community can do their activities together, learn many things, and improve so many skills from the activities without charge. Doing activities together can improve health for the elderly, e.g. reducing brain swelling and depression.

²⁶ Pétanque (French: [*petãk*]; Occitan: petanca [*pe'tanjka*]) is a sport that falls into the category of boules sports, along with rafa, bocce, boule lyonnaise, lawn bowls and crown green bowling, with the main objectives that players or teams play their boules/balls towards a target ball.

Project Planning for Local Elderly Development

Another important issue influencing the success of project performance related to elderly development is development planning. Data, such as reliable household survey data with information about the elderly living with their spouses, living with one of the children, or alone along with their health information, have to be known and understood before a plan is properly made. This procedure can be supported by the academic sector. For instance, students can help retrieve data when they are required. Then the activities are appropriately provided for all groups of people, or data on activities learned from others can be applied to the data of each community. The experience of Japan can reflect that development, planning, and organizing activities for the elderly in each community have to rely on data and data collection with systematic collaboration.

Overcome the Obstacle to Elderly Care Projects

The obstacle to the success of local elderly care projects is a lack of centers or key actors in coordination. Some communities may not have a temple or a school nearby, nor a knowledgeable instructor, so the elderly who have been living in the community for a long time need to be asked for cooperation in thinking about, analyzing, and implementing the project. For example, exercise and ‘*Paslop*’²⁷ dancing might be taught by some of the elderly who have that

²⁷ Laos’s traditional dancing.

particular skill. The result will be that all parties can be happy doing activities together. Also, some materials and tools such as poles and Thai loincloths are bought for them to use in their activities, and an amplifier is supplied by the municipality. This is a good sign and shows that it is possible to succeed with many expected projects.

Supportive Elements of Success

Apart from the three points mentioned above, project operation must depend on a systematic supportive process. There are eight issues that must be considered to achieve success in carrying out projects.

Raising Awareness

- At the personal/family level, awareness is raised within the family.
- At the community level, an associate network between communities is built, and the people's awareness is raised to consider the importance of the elderly.
- At the institutional level, projects that raise awareness among the elderly are promoted by collaborating with the associate networks such as sub-district health promotion hospitals, volunteers, hospitals, and various other networks.

Promotion of Participation

- At the personal/family level, family members are motivated to be a part of elderly care.
- At the community level, people join hands in caring for the elderly who are in trouble. Also, participation in community activities is promoted among the elderly.
- At the institutional level, brainstorming is performed to ensure that an organization can really take care of the elderly in all aspects.

Supportive Fund Management

- At the personal/family level, the family is stimulated to see elderly care as important such as by donating money and materials to support the elderly who are in need and to support the elderly's activities.
- At the community level, people help the elderly by supplying money for organization of the activities for the elderly or by helping to look after the elderly who are in need.
- At the institutional level, funding, raising money and budget allocation to help the elderly in collaboration with various related networks are all undertaken.

Education

- At the personal/family level, family members are educated to see the importance of elderly care.
- At the community level, knowledge is advanced for people in the community in order that they are able to understand and appreciate the elderly.
- At the institutional level, education and knowledge construction are promoted by collaboration with other networks.

Service Provision

- At the personal/family level, each family is urged to improve the house and facilities, e.g. the restroom, stairs, handrails, etc., to become safer for the elderly.
- At the community level, facilities such as transportation and coordination are provided for the elderly in the community.
- At the institutional level, activity zones are provided to facilitate the elderly in doing activities together and the provision of holistic support in the area for the appropriate aged group.

Networking

- At the personal/family level, elderly care networks at the household level (3-4 households) are formed.
- At the community level, networks are built to enable the elderly to live happily and join in community activities.
- At the institutional level, networks at the community and family levels are supported. In addition, relationships with other networks or organizations are established so that the activities can be shared with each other.

Network Strengthening

- At the personal/family level, the strength of elderly care should begin in the family first in order to strengthen the network at the community level.
- At the community level, community care for families with older people living with the families can give opportunities for people in the community to get involved in doing activities with the elderly.

- At the institutional level, networks are built in the community through activities that allow the elderly to join in.

Performance Measurement

- At the personal/family level, the success of each family can be measured by how much elderly family members are given priority and importance in their own homes.
- At the community level, the success can be measured by the number of elderly participations in the community activities or the level of involvement by the elderly.
- At the institutional level, the success can be measured by the accessibility of the elderly to the services that are provided, and the ease of access; also, their satisfaction is one indicator of a successful performance.

Examples of Projects under the Conceptual Framework

- **Special cultural events** – Many special cultural events can be good examples that are held to honor the elderly such as the “Promotion of Value in the Elderly,” which is the special cultural event to honor the elderly by pouring scented

water on their hands and asking for their blessing at the Songkran Festival (National Day of Older Persons) and National Mother's Day.²⁸ Also, activities associated with the potential development of the elderly are provided, and various activities to respond to the needs of the elderly such as doing exercise, singing, Paslop dancing,²⁹ and a home visit program for the elderly living alone.

- **Health** – The healthcare system is administrated by collaborating with community care units, village health volunteers, and external health service units, such as the provincial health care center and provincial health fund.
- **Well-being** – Homes and the environment are monitored such as house cleaning and repair, tree pruning, and the safety of electric appliances. In terms of economy training, local herb products such as car and toilet odor elimination products made from citrus fruits can earn money.
- **General Knowledge** – Fire drills and a fire evacuation training program is provided. In the

²⁸ Traditionally Thais will visit their families and pour scented water into the palms of their elders as a sign of gratitude, in return, the elders will say good wishes and give words of blessings.

²⁹ Laos's traditional dancing.

case of a cooking fire caused by carelessness, people should be able to handle the situation. The disaster prevention and mitigation office educates people in disasters. Concerning investment knowledge, education in savings and individual welfare fund management is given to the people.

Cohesive Components in Holistic Care for the Elderly Framework

Previously, we have already mentioned many elements that are important to create the comprehensive care for the elderly system based on what we have learned from Kobe which includes three main components namely: Leader (originator), Planning, and Eliminating obstacles. Also, there are eight supportive components of success which are: raising awareness, promotion of participation, supportive fund management, education, service provision, networking, network strengthening, and performance measurement. However, there are still two very important components that will hold those earlier mentioned factors together and contribute to the success of the elderly care system and they are: trust and technology.

Trust

Trust is an important principle to foster peace, knowledge, love, unity and togetherness, and also create sustainable development. It is not only the key to strengthening or immunizing the country (or community),

but it alleviates the dangers that would come from distrust in the future. Additionally, because trust can bring justice, transparency, and participation, it is an important feature of a state to build human dignity and democratic rule which is consistent with the current trends of the world.

Technology

Many experts agree that we are entering the era of the digital age and technology is the key driving factor that will take us one step (or many steps) further, and advance us to be fully empowered to the point that human beings are extremely civilized. There are 10 technologies that will transform the world and on which we should keep our eyes, as following: the Internet of Things (IOT), blockchains, artificial intelligence (AI), 5th generation communication technology (5G), augmented-virtual reality (AR-VR), drones, 3D printing, biometrics, automation/robotics, and quantum computing.

In all, trust and technology will make the framework of care for the elderly become more efficient and are the two things that we cannot live without in the future.

Chapter 5

Summary of Lessons Learned from Kobe

The growth in the older population has an unavoidable effect on the economy, labor market, healthcare, and society. Therefore, it is time for all levels of the government to make a proactive plan to ensure that all the elderly can be well taken care of because most of them may not be able to rely on their family in the long term. Further, all levels of the community, including the private sector, must be a part of care for the elderly. Infrastructure is another factor that the government must focus on, such as strong promotion of health and the prevention of disease, sufficient primary and immediate health care, connections between the community and the immediate health service, and efficient health and social care. Moreover, public services provided and administrated by the government sector need to be standardized and internationally recognized, such as accessible transportation for the elderly.

Nevertheless, the well-being of the elderly in developing countries seems contradictory to the concept because they encounter so many problems, such as deterioration of their health, shortage of accommodation, fear, depression, ageing, loneliness, boredom, and financial problems. These problems can be divided into two main groups: 1) mental and physical health problems, 2) financial literacy problems.

Physical and mental security is an important concern faced by the elderly because the human body can be weakened due to a lifetime's work. The problem will have a greater effect on the elderly if they are ignored. Ageing can lead to many diseases such as memory loss, paralysis, blurred vision, etc. These are important illnesses that can result in loneliness among the elderly. On the other hand, financial safety and knowledge is another big concern or a bad dream for the elderly who lack financial preparedness before, during, and after ageing. This financial predicament can be found in the elderly who have a low level of socio-economic status. Lack of financial literacy can lead to stress and other problems in the elderly such as mental and physical health problems.

Although the problems of elderly care and management have become more complicated, many countries have tried to find ways to develop elderly care systematically for a better quality of life, convenience, and security for the elderly. In Kobe, the government focuses on an elderly care system based on community participation. Effective management must be dependent on cooperation among people including knowledge of conducting projects regarding the elderly with the purpose of promoting people's self-reliance and independence. Kobe also emphasizes developing people's education in disaster management. As a result, Kobe is regarded as a strong community because people in the community are involved in creating community development plans and social responsibility.

The lessons learned from Kobe reflect the importance of local policies on management in many areas to improve the care

system for the elderly so that it is more sustainable by using different methods, such as the establishment of associations based on the context of the community. For example, resident associations, where the members consist of people in the community, are located in many areas or streets. The associations are cooperatively administrated by different groups taking different responsibilities such as community and accommodation security as well as waste management. In the case of waste management, the waste is picked up by the Kobe administration twice a week. There is a group responsible for cleaning the streets, footpaths, parks, and public spaces. Members in each group work together in planning and identifying procedures, practices, dates and times. Apart from these, there is a group helping in traditional activities and a disaster preparedness training program.

Another important point is that people in the community are motivated to join the activities by the Kobe government. The government pays the people some money for some activities such as cleaning the streets and maintaining streetlights in order to avoid employing private companies or outsiders. Not only financial support but also tools such as brooms for cleaning public roads are provided by the government. In addition, the government supports the idea of subgroup division by zones or streets according to the concept of the urban community, because, if the area is too large, it will be difficult for people to get involved in the activities because they do not know each other very well.

The above concept of elderly care and management is consistent with the way to achieve the goal of active ageing with a focus on promoting interaction among all generations of people so that the elderly and other age groups can have a positive attitude towards ageing. Local leaders must have the vision and be ready to pursue active ageing by learning how to work with the community, providing activity zones for people, and engaging with people in all activities. If elderly care development is in line with the Kobe model, the development will possibly be sustainable.

Handling the growth of an ageing population is both a challenge and an opportunity for the government to promote community participation in its administration. The municipality plays an important role in supporting and improving the ageing society so that it becomes more efficient. Thus, the community must realize that role changes are necessary.

Those in the community must think analytically and efficiently improve the quality of life among the elderly population through knowledge based on the framework in Figure 6. This framework was developed from the lessons learned from Kobe, and it was then adapted to the context of Thailand. Its purpose is to achieve high potential of quality promotion in the elderly.

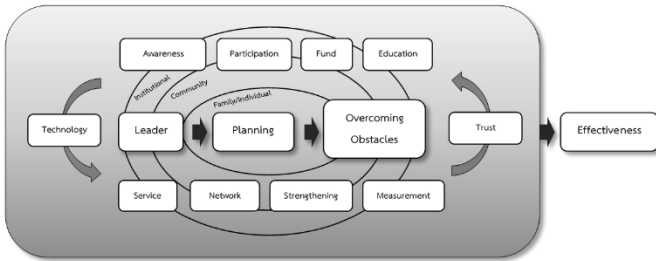


Figure 6 Holistic Care for the Elderly Framework
 (Source: Author's own)

The community can apply all or some of the elements in the framework to project the development of the quality of life among the elderly population in the community. However, the key success indicators of each element have to be carefully taken into consideration so that they can be applied appropriately to the context of each area.

Finally, the authors have studied and reviewed the information in order to complete the framework of holistic care for the elderly in the community as much as possible. Hopefully, this framework will be used to respond to the needs of the community so that the workload can be reduced. It can lead to a better quality of life and well-being for the people, particularly the elderly and their family. In consequence, the community has to study the evaluation and progress monitoring criteria according to the proposed framework and create a development plan. Furthermore, the procedure and strategic plan for elderly care may have to be appropriately modified to achieve the ultimate goal. In order to achieve the goal, all procedures have to be well-prepared; the detailed procedures and

their duration together with the actors have to be clearly identified and fixed. Another important factor for success is participation by all levels of personnel. Top executives, in particular, have to focus on and participate in all procedures (but not to micro-manage them) and they need to encourage the personnel to think, plan, execute, and evaluate together to achieve the specified goal.

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