

JENESYS East Asia Future Leaders Programme 2011

Social Welfare



From February 26 to March 9, 2011

The Japan Foundation

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2. *Tea ceremony* by Eliza Duggan
3. *Snowman* by the Japan Foundation
4. *Dolls for the Girls' Festival* by Muhamad Khairul Anuar Bin Hussin
5. *Calligraphy* by Muhamad Khairul Anuar Bin Hussin
6. *Ainu lunch* by Wataru Fujiwara
7. *Cap clouds on Mt. Fuji* by Eliza Duggan

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Preface

The Japan Foundation organized another East Asia Future Leaders Programme from February 26 to March 9 2011, inviting promising youths from 16 countries in East Asia to discuss the various aspects of “Social Welfare.”

The 12-day program under the theme of “Social Welfare: Self-Reliance of the Socially Vulnerable and Symbiosis with the Globalized Community” drew attention to the end result of development and globalized society. After 9.11. and the global economic crisis, we started to question the direction that our society was heading in and wonder what we live for and what happiness is. Are people satisfied with material wealth in the end and at the same time grateful for health, human relations, and the other essential things in life, that seem to have been lost in modern society?

We believe that it is quite timely to highlight the welfare issues of modern society. Japan, as one of the first countries in East Asia to experience development as well as its consequences, has lessons it can share. It is hoped that such an opportunity can provide these youths a forum to exchange opinions and develop solidarity.

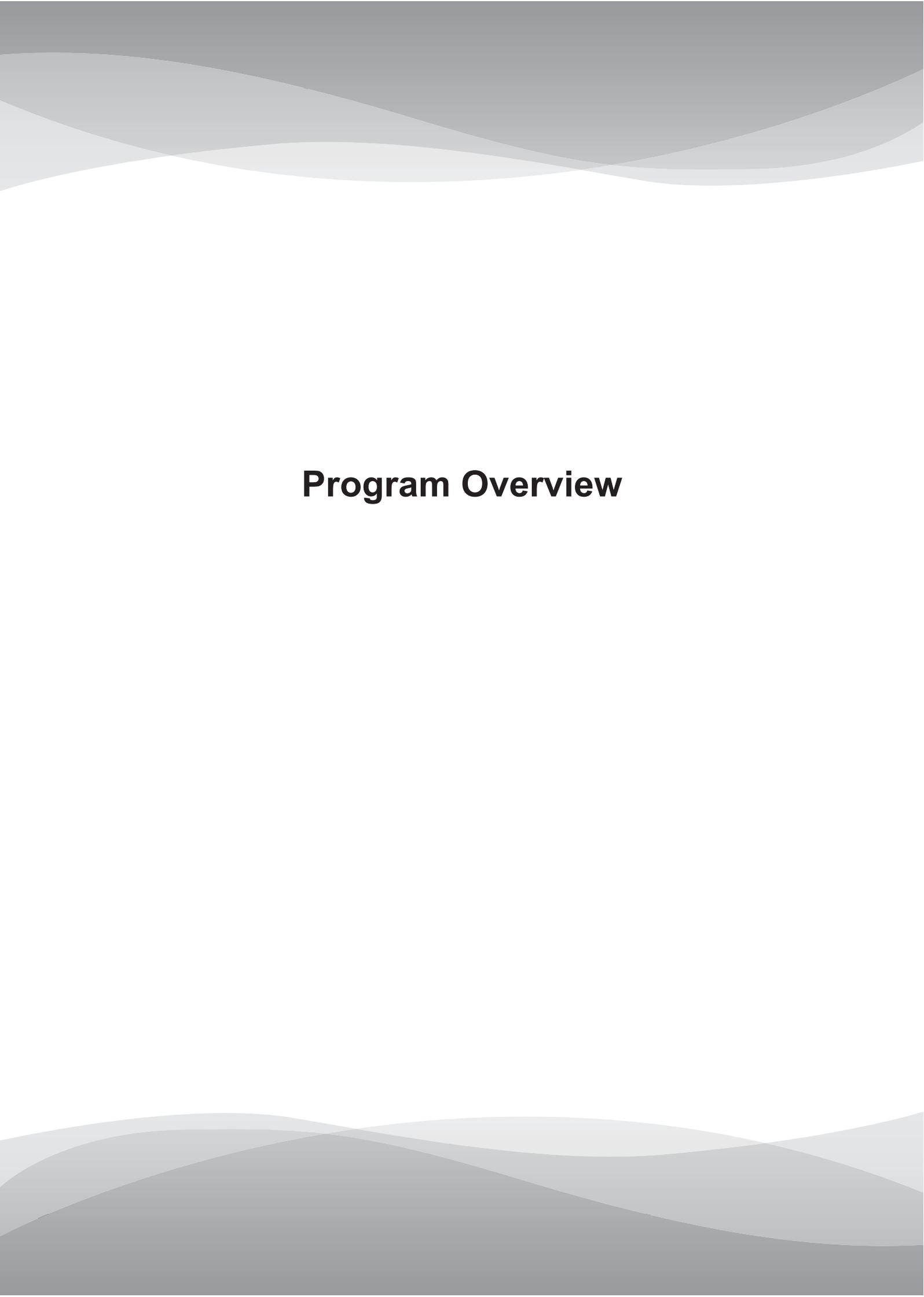
This program was realized with the support of the Ministry of Foreign Affairs, Professor Yoshinori Hiroi of Chiba University, Urakawa Town, Urakawa Board of Education, Urakawa Bethel House, Urakawa Red Cross Hospital, Association for Ainu Culture Preservation, Urakawa Warashibe-En, Warashibe Horse Riding Rehabilitation Training Center, Umanose Kai, Urakawa Horse Riding Park, Urakawa Koyo-En, Chinomino-Sato, Kaito Yobo Center, Tokyo Toy Museum Yotsuya Shinjuku, and other organizations and individuals. In particular, Dr Yoshiyuki Nagata, University of the Sacred Heart, generously took part as an advisor in the planning and execution of the program with great enthusiasm and generous assistance, which led to the success of the program. We wish to express our sincere gratitude to all the parties concerned.

Masaru Susaki

Managing Director

Arts and Culture Department

The Japan Foundation



Program Overview

Program Description

JENESYS: Japan-East Asia Network of Exchange for Students and Youths

The programme was launched by the Japanese government at the Second EAS meeting held in January 2007 in the Philippines. Then Prime Minister Shinzo Abe announced a large-scale youth exchange initiative of US\$315 million to invite approximately 6,000 youths every year, mainly from the East Asia Summit (EAS) member states (ASEAN countries, India, Australia, New Zealand, China, and Korea). The five-year plan was later named The Japan-East Asia Network of Exchange for Students and Youths (JENESYS) and various programs such as invitations, dispatches and cultural exchanges have been conducted.

The JENESYS programme aims to deepen understanding of the different facets of Japanese society, including politics, diplomacy, economics, tradition, and culture, and to form the basis of a future vision and to achieve firm solidarity among the East Asia community among the younger generation. Youths who will determine the future of the next generation are expected to gain an understanding of Japan's society and culture, as well as to promote the growth of a close network among their peers and the formation of a shared identity.

About the Japan Foundation

The Japan Foundation is one of the implementing organizations of the JENESYS Programme. Established in October 1972 as a special legal entity supervised by the Ministry of Foreign Affairs, the foundation aims to deepen understanding of Japan overseas and to contribute to the enhancement of culture and the welfare of humanity in the world through international cultural exchange. It was subsequently reorganized as an independent administrative institution in October 2003. As part of its cultural exchange scheme, the organization carries out personnel exchange programs to enhance mutual understanding among countries and to contribute to capacity development and networking in civil society. In this context, the organization was commissioned by the Association of South-East Asia Nations (ASEAN) to implement the JENESYS programme, under which various programs were outlined. The “East Asia Future Leaders Programme” series, along with other JENESYS programs, has been organized by the Japan Foundation, with the aim of promoting cultural exchanges among youths in various fields.

JENESYS East Asia Future Leaders Programme

The East Asia Future Leaders Programme is one of the JENESYS short-term exchange schemes, which specifically targets young intellectuals and practitioners of particular activities aged up to 35 years. Each program focuses on a specific theme and emphasizes a series of discussions on thematic issues common to the region, and interaction with Japanese experts and citizens with specific backgrounds. Promising youths from the relevant fields with the related expertise visit Tokyo and other localities, sharing every moment of the study tour program together and nurturing a bond among the members.

In the fourth year (2010/2011) of the JENESYS East Asia Future Leaders programme, “Social Welfare Group” was implemented as one of the five batches of the year for the period of February 26–March 9, 2011.

Background and Concept of “Social Welfare” Group

More people in the globalized world are able to enjoy material wealth today. Yet there exist a number of individuals who are not satisfied merely with what they own. Economic growth has not brought us absolute fulfillment. It has instigated us to ponder which directions our lives should shift to and how to realize a society that is sustainable.

Efforts to promote well-being involve not only the improvement of the financial situation; they also entail improvement of employment opportunities and other aspects of citizens' lives such as mental health. While we are indebted to a highly developed society for civilization, sacrifices, such as environmental destruction, have been made in order for civilization to reach its present form. The fully occupied schedules of urban life and human relations without direct contact with others can create distortions in the human mind that can end up developing into mental disorders. With the notion that human lives are the most precious of all existing things, the program focused on the theme, “Social Welfare: Self-Reliance of the Socially Vulnerable and Symbiosis with the Globalized Community.” Participants with careers in the fields of welfare work were brought together and invited to exchange views on the basic well-being of individuals in relation to health, happiness, safety, prosperity, and fortune.

Taking present-day Japan as a starting point, the itinerary provided an opportunity to argue for an ideal community in which anyone at any social level can live comfortably by sustaining themselves. The young leaders who will shape the future of the region traveled together and consulted with workmates, taking a creative approach of slow and community-oriented development where society, environment, culture and economy are well-balanced.

Participants had a chance to learn from practices through which the socially vulnerable, without being isolated from society, make a living through self-reliance in harmony with their peers and their community. The program was intended to enhance understanding of the living conditions of the socially vulnerable, such as people with mental disorders and of advanced age, as well as to examine the social background eliciting such scenarios.

Through field visits to organizations that implement unique strategies in social welfare, the program intended to contribute to the fostering of future actors in the field. Dialogue with different actors in social welfare helped raise awareness for a common topic and such debate strengthened their bonds with each other. It is hoped that they will promote communities with comprehensive social services that will meet the needs of people with different psychological and physical conditions, utilizing the human network they have developed through the program.

Participants

A total of 26 participants were carefully chosen from 14 countries (Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, India, Australia, New Zealand, China, Korea, and Japan). There were 10 male and 16 female professionals in the field of Social Welfare.

List of Participants

Indonesia / インドネシア	
Ali Aulia Ramly (Mr.) Child Protection and Social Policy Specialist UNICEF (Jakarta)	ラムリ アリ アウリア 子供の保護及び社会政策専門家 ユニセフ (ジャカルタ)
Nathanael E. J. Sumampouw (Mr.) Psychologist / Lecturer Faculty of Psychology, University of Indonesia	ナサナエル エルナドゥス ヨハネス 心理学者、講師 インドネシア大学心理学部
Laos / ラオス	
Vonglatsamy Ratanavong (Ms.) Project Sta Association for Aid & Relief Japan (AAA Japan)	ヴォンラサミー ラタナヴォン プロジェクト・スタッフ 難民を助ける会
Chitdavanh Chantharideth (Ms.) O cial Sta State Authority of Social Security	チッタワン チャンタリデット 公務員 労働社会福祉省 国家社会保障局
Malaysia / マレーシア	
Muhamad Khairul Anuar Bin Hussin (Mr.) Teacher Ministry of Education, Maktab Sultan Abu Bakar	ムハンマド カイルル アヌアル ビン フーッシン 教師 教育省
Chu Shi Wei (Ms.) Marketing Coordinator United Voice, Self-Advocacy Society of Persons with Learning Disabilities Selangor & Kuala Lumpur	チュー シー ウエイ マーケティング コーディネーター ユナイテッド ボイス
Myanmar / ミャンマー	
Ki Ling (Mr.) Social Welfare O cer Department of Social Welfare	キ リン 成人身体障害者訓練学校校長 社会福祉・救済復興省社会福祉局
Nan Mouk Seng (Ms.) Deputy Principal Department of Social Welfare, School for the Blind	ナン モク サイン 教頭 社会福祉・救済復興省社会福祉局 サイガン盲学校
Philippines / フィリピン	
Visitacion Espinosa Apostol (Ms.) National Project Director Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI)	ヴィシタシオン エスピノサ アポストル ナショナル・プロジェクト・コーディネーター フィリピン障害者連合
Richard Beniza De Villena (Mr.) Chairman Association of Teachers and Adult Leaders in the Arts (ATALA)	リチャード ベニザ デヴィレナ 代表 美術教師・美術指導者協会
Singapore / シンガポール	
Hsu Yuh Wen (Ms.) Teacher Grace Orchard School	ユーウェン シュー 教員 グレイス オーチャード スクール
Lin Jingyi (Ms.) Social Woker Movement for the Intellectually Disabled of Singapore (MINDS)	ジンイー リン ソーシャルワーカー マインズ
Ng Chiu Li (Ms.) Teacher Grace Orchard School	チウリー ウン 教員 グレイス オーチャード スクール

Thailand / タイ	
Surasak Kao-lean (Mr.) Researcher ESD Innovations Center, Faculty of Education, Chulalongkorn University	スラサック カーオイアン 研究者 チュラロンコン大学教育学部 ESD イノベーションセンター
Bundith Punsiri (Mr.) Research Assistant ESD Innovations Center, Faculty of Education, Chulalongkorn University	研究助手 チュラロンコン大学教育学部 ESD イノベーションセンター
Vietnam / ベトナム	
Nguyen Nhu Mai Anh (Ms.) Program Manager Research Center for Family Health and Community Development	ニュー マイ アイン グエン プログラム・マネージャー リサーチセンター フォー ファミリー ヘルス アンド コミュニティ デベロップメント
Nguyen Thu Hien (Ms.) O cer Vietnam Institute for Education Sciences (VNIES)	トゥ ヒエン グエン プログラム・オフィサー ベトナム教育科学院
India / インド	
Boski Sharma (Ms.) Special Educator Tamana Special School, Tamana Association	ボスキ シャルマ 教育専門家 タマナ・スクール
Rituparna Sarangi (Ms.) Project O cer Sasakawa India Leprosy Foundation (SILF)	リトゥパルマ サランギ プロジェクト・オフィサー 笹川ハンセン病財団
Australia / オーストラリア	
Eliza Duggan (Ms.) Executive O cer, Families Group Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)	エリザ ダガン ファミリーグループ行政官 連邦政府社会福祉省(家族・住宅・コミュニティサービス・アボリジニ関係省)
Sarah Tracton (Ms.) Churchill Fellow Churchill Trust	サラ トラクトン チャーチヒル フェロー チャーチヒル トラスト
New Zealand / ニュージーランド	
Kieran McHale (Mr.) Team Leader Workwise Employment Agency	キラン マックヘル チームリーダー ワークワイズ雇用斡旋団体
China / 中国	
Wei Zhang (Mr.) Director Enable Disability Studies Institute (EDSI)	ウェイ ジャン 代表 心身障害者自立支援研究所
Republic of Korea / 韓国	
Unkyung Lee (Ms.) Assistant Programme Specialist Asia-Pacific Center of Education for International Understanding (APCEIU), O ce of Programing & Administration	オンキョン イ 事業担当 ユネスコアジア太平洋国際理解教育院 企画行政室
Japan / 日本	
Wataru Fujiwara (Mr.) O cer Ashiya NPO center	藤原 航 事務局 特定非営利活動法人 あしや NPO センター
Sachiyo Soga (Ms.) Ph.D Student University of the Sacred Heart, Tokyo	曽我 幸代 博士後期課程大学院生(教育) 聖心女子大学大学院 博士号後期課程(文学研究科人間科学専攻)

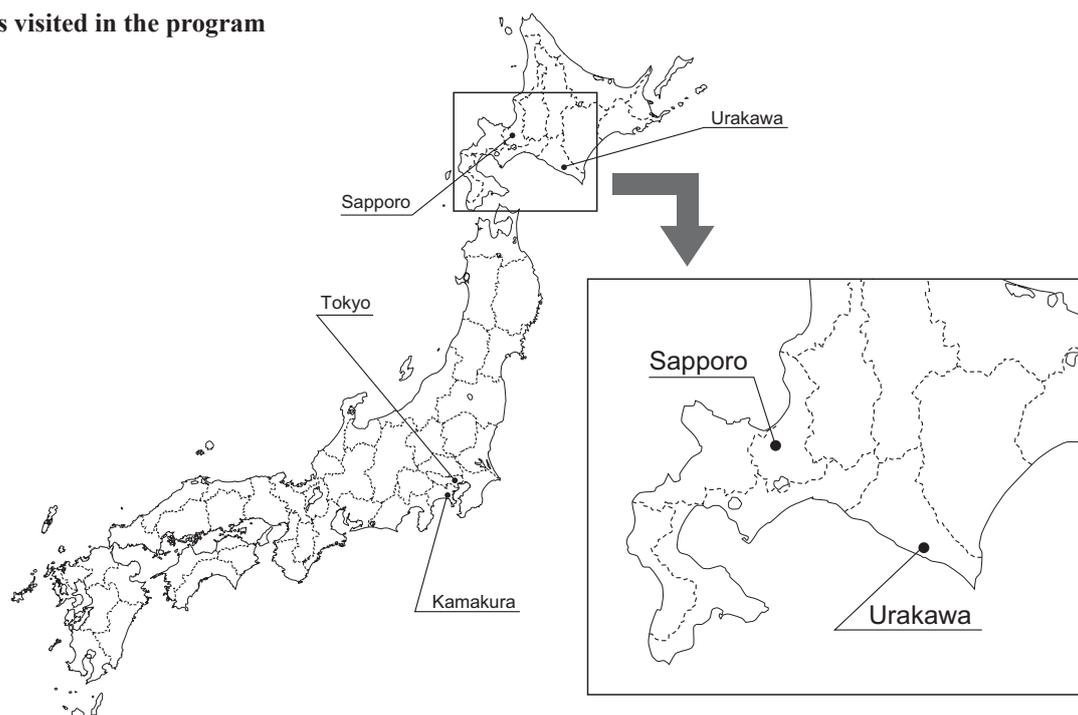
Itinerary

Time	Saturday, Feb 26		Venue
18:30	Arrival Nearest airport Narita Airport Narita Airport Hotel Informal welcome dinner	来日 最寄空港 成田/羽田空港 成田/羽田空港 宿舎 インフォーマル歓迎夕食会	
Time	Sunday, Feb 27		Venue
10:30	Program orientation	オリエンテーション	Room AB Hotel Asia Center
11:30	Keynote lecture by the Program Advisor	基調講演:プログラムアドバイザー	
13:30	Participants' presentation	参加者プレゼンテーション	
	Participants' presentation (continued)	参加者プレゼンテーション	
Time	Monday, Feb 28		Venue
9:00	Participants' presentation (continued)	参加者プレゼンテーション	Room AB Hotel Asia Center
9:45	Keynote lecture by the Special Lecturer	基調講演:特別講師	
12:00	Pre-briefing on field visits	視察地事前ブリーフィング	
12:30	Hotel Haneda Airport, lunch on the way	ホテル 羽田空港, 車中昼食	
12:45	Haneda (Tokyo) New Chitose (Sapporo)	羽田 新千歳	
16:30	New Chitose airport Urakawa	新千歳空港 浦河	
Time	Tuesday, March 1		Venue
9:30	Lecture,"Social Welfare in Urakawa"	講義「浦河における福祉」	Culture Center
11:30	Learning of Ainu Culture, Ainu lunch	アイヌ文化理解・交流、昼食含む	Sakaimachi Hall
15:00	Bethel House:Orientation & Lecture"Social Welfare for Mental Health in Japan and Bethel House"	べてる:歓迎会、オリエン、講義「日本の精神福祉とべてる」	Culture Center Café Bura Bura
Time	Wednesday, March 2		Venue
9:00	Observation: Institution for the Elderly	高齢者施設見学	Chinomino Sato Kaigo Yobo Center
13:30	Observation: Institution for Physically Challenged	身体障害者施設見学	Warashibe En
14:45	Observation: rehabilitation lesson	乗馬療育レッスン見学	
17:00	Bethel House:Social aspect - visiting shared houses	べてる:生活の場	Seminar House and other Group Homes
Time	Thursday, March 3		Venue
9:00	Observation: Institution for Intellectually Challenged	知的障害者施設見学	Koyo En
10:45	Horse Back Riding for Rehabilitation	乗馬体験	Horse Riding Park
13:45	Bethel House:Employment aspect	べてる:仕事の場	Bethel Office
15:00	Bethel House:Support aspect	べてる:支援の場	Red Cross Hospital
16:00	Bethel House:"Patient-led research"	べてる:当事者研究	Culture Center Café Bura Bura

Time	Friday, March 4		Venue
9:30	Bethel House:Joint Workshop	当事者との合同ワーク	Culture Center
13:30	Urakawa Wrap-up Workshop	浦河振り返りワークショップ	
14:30	Groupwork	グループワーク	
18:00	Party with people in Urakawa	交流会	
Time	Saturday, March 5		Venue
9:00	Hotel New Chitose airport	ホテル 新千歳空港	
11:30	Lunch	昼食	
14:05	New Chitose (Sapporo) Haneda (Tokyo)	新千歳 羽田	
16:00	Haneda Airport hotel	羽田空港 ホテル	
Time	Sunday, March 6		Venue
10:30	Tokyo Kamakura Observation of Japanese culture ・Enoden train ride ・Kotokuin temple, the great Buddha ・Lunch on their own ・Hase temple, calligraphy ・Jyomyo temple, tea ceremony ・Tsuruoka Hachimangu Shrine Kamakura Tokyo	東京 鎌倉 日本文化体験 ・江ノ電乗車 ・高徳院にて大仏見学 ・各自昼食 ・長谷寺にて書道体験 ・浄妙寺にてお茶体験 ・鶴岡八幡宮 鎌倉 東京	Kamakura
Time	Monday, March 7		Venue
9:00	Groupwork Preparation for groupwork / Individual site visit	グループワーク グループ別作業時間 / 自由研修	Room Botan Shiba Park Hotel
Time	Tuesday, March 8		Venue
10:40	Courtesy Call to Ministry of Foreign Affairs	外務省表敬訪問	MoFA
11:30	Site visit: Interaction between Children and the Elderly	高齢者と子どもの多世代交流の事例視察	Tokyo Toy Museum
13:00	Introduction to the JP Foundation Grant program over lunch	国際交流基金の助成プログラムについて	Room Rose
14:30	Group Presentation	グループ別成果発表	Room Botan
17:00	Wrap-up session by program advisor	アドバイザーによる振り返り	
18:00	Wrap-up session by the JP Foundation	基金によるラップアップ	Room Ivy Shiba Park Hotel
18:30	Farewell Reception	歓送レセプション	
Time	Wednesday, March 9		Venue
	Departure Hotel Narita airport Narita airport nearest airport	離日 ホテル 成田空港 成田空港 最寄空港	

Daily Report

Places visited in the program



February 27 (Sunday) 《Tokyo: Hotel Asia Center》

● Orientation

The orientation began by introducing the Japan Foundation (JF) staff, the escorting guides in charge of the program arrangements, and Nippon Express as the agency responsible for the travel arrangements. Next, an explanation regarding the countries invited to participate in the program (ASEAN+6) was carried out together with the provision of the seating arrangements, followed by a briefing that described, using video materials, the activities of JF, which is the implementing agency of this program.



Next, there was an explanation regarding the JENESYS program and the general outline as well as the specifics of the JENESYS East Asia Future Leaders Program. Afterwards, the 26 participants introduced themselves, touching upon their hopes and expectations of the abovementioned program. The orientation was concluded with an explanation of the things the participants, as a team, should do and the things they should refrain from doing, in order to ensure the smooth implementation of the program.

● Keynote Lecture of Program Advisor: Professor Nagata

The critical condition of our planet (global warming, hunger, food self-sufficiency rate, etc.) is closely related to the modalities of our economy-obsessed society. According to Ervin Laszlo, a researcher in the area of futures studies, we are now standing at a historical turning point where we have to decide whether society will advance in the direction of sustainable development. Here we need timely wisdom. The key to achieving such wisdom is a holistic global perspective. The holistic approach takes in consideration three pillars (economy, nature, and society) and the cultural factors that form the foundation of these pillars.



The ESD Group in last year's JENESYS Program utilized the holistic approach to analyze case studies of the Minamata and Nozaki Island and to deepen observations. The Social Welfare Group in this year's JENESYS Program examines the implementation of the Bethel House project in Urakawa Town. We would like to advance analysis using the compass method. The compass method enables implementation of analysis of case studies from four perspectives (nature, society, economy, and well-being), adding well-being to the three pillars mentioned above.

At the end of the lecture, the participants took part in activities based on the compass method. They wrote down on pieces of sticky notes their expectations from the visit to Hokkaido, and then Prof. Nagata classified the content into categories from the four perspectives of nature, society, economy, and well-being to share with the participants.

● Presentations by Participants

The presentation session was opened by Richard Beniza de Villena from the Philippines. He introduced the activities he is presently involved in, touching upon various personal experiences from his childhood years spent in a severe environment, and the way he recovered his confidence from the encounter with an organization that supports street children through art activities. Next, Visitacion Espinosa Apostol outlined the support initiatives for persons with disabilities in the Philippines, and introduced the case study of "Breaking Barriers for Children," a project that aims to empower young people with disabilities who are placed into a disadvantaged position.



Hsu Yuh Wen from Singapore presented a report on vocational training for people with intellectual disabilities, and particularly on the realities of training to obtain soft skills. There was a question about the IQ values of people with intellectual disabilities eligible for such training. Yuh Wen answered that it is in the range of 50 to 70. Next, Ng Chiu Li introduced the current situation of people with disabilities in Singapore, the assistance activities implemented on a national level, and the practices at Grace Orchard School, which Chiu Li is involved in. Lin Jingyi presented various political measures that place priority on economic growth and the Workfare Income Supplement Scheme, a labor assistance scheme designed to act in concert with such measures. In response to a question regarding the way the people of Singapore view these measures, Lin responded that they are extremely popular.

Next, there were presentations regarding welfare policy measures in Thailand. Surasak Kao-Iean introduced measures implemented on a national level, or, in other words, top-down measures, while Bundith Punsiri presented bottom-up measures. The presentations revealed that Thailand is undergoing transition of power with regard to

welfare policy measures from the central to local governments. There were questions regarding the role of social workers in Thailand, as well as the meaning of the term “universal design.”

Nguyen Nhu Mai Anh of Vietnam explained the current situation surrounding young people with mental disorders and the “from heart to heart” project that is aiming to build relationships. The explanations raised questions about the sustainability of partnerships and projects. Mai Anh responded that since there are numerous NGOs developing activities in Vietnam, the objective of the “from heart to heart” project is to utilize their network and implement community-based practices. Nguyen Thu Hien presented the actual situation of welfare initiatives in the various sectors of Vietnamese social life (government, local communities, and households). In response to a question regarding the fostering of social workers, Hien explained that despite the recent establishment of courses for fostering of social workers in universities, educational assistance on a national government level is needed.

Rituparna Sarangi from India spoke about issues related to human rights of patients suffering from the leprosy, and introduced the activities of the Sasakawa India Leprosy Foundation she is involved in. She posed the question “Who should leaders be responsible to?” and highlighted the necessity to reconsider the authoritarian and dictatorial approach to leadership. Next, Boski Sharma pointed out that despite the ongoing efforts to improve legal assistance to people with disabilities, such assistance is turning into a deskbound discussion, and introduced the practices of Tamana School. Her presentation was followed by questions about the effects of yoga therapy.

Eliza Clare Duggan of Australia introduced the social welfare practices of the central government. Questions from the floor were focused on specific application methods and utilization control of the income management initiatives implemented by the Australian government. Next, Sarah Tracton introduced the practices of Art Access Australia, illustrating her presentation with photo materials. Her presentation was followed by questions about the state of external support.

Kieran McHale from New Zealand explained about the Individual Placement and Support initiative for provision of employment assistance to people with mental disabilities. The presentation was followed by questions about methods to encourage unstable clients and specific ways to provide employment assistance, including schemes for support after finding a job.

Wei Zhang of China spoke about various legal issues related to the protection of rights of children with intellectual and mental disabilities, touching upon the fact that although the government provides economic assistance, the human rights of children with disabilities are being violated. This presentation attracted the largest number of questions. Most opinions highlighted the information control imposed by the government with regard to the reality of human right violations and the merits and demerits of the utilization of the Internet.



Unkyung Lee from Korea delivered a report on the welfare policies implemented in the country, stating that although the system for provision of assistance to people with disabilities is mostly established, the issue of discrimination still remains. That is why, the government of Korea is working together with NGOs and other organizations to implement educational activities and monitoring.

Wataru Fujiwara from Japan presented a report on the complex social environment surrounding the socially vulnerable. He referred to his experience in research assistance to homeless people in New York as an NPO fellow of the Japan Foundation and stated that the revitalization of local communities holds the key to solving these issues, expressing his wish to work in that direction. Sachiyo Soga delivered a report on the welfare environment

in Japan and its loss of connections and presented an outline of the Bethel House project.

Ramly Ali Aulia from Indonesia delivered a report on the assistance to children provided in his country, stating that although the implementation of legislative measures pertaining protection of children's rights is well under way, it is necessary to further improve the understanding in the family and in local communities. There were questions from the floor regarding ways to approach children who need assistance. Nathanael E.J. Sumampouw presented a report on the healthcare conditions in Indonesia and the conditions in the mental healthcare sector in particular.

Vonglatsamy Ratanavong from Laos spoke last, presenting a report on the situation of provision of assistance to people with disabilities and the initiatives implemented by AAR Japan.

Most reports referred to the importance of provision not simply of economic assistance, but of assistance tailored to the needs of each individual client. Observations showed that the participants demonstrated great interest in issues related to employment support in particular, including methods to ensure the preservation of connections between the clients and society, and the community-based perspective with regard to these issues.

February 28 (Monday) 《Tokyo Urakawa》

● Presentations by Participants (Continued)

Chitdavanh Chantharideth from Laos delivered a presentation on the welfare policies implemented by the government of Laos and the future directions for provision of assistance. At the end of her presentation she conveyed the gratitude of the people of Laos for the economic assistance provided by the government of Japan.

Chu Shi Wei from Malaysia delivered a presentation regarding support to people with disabilities and LD in particular in her country.

The main issue faced by people with disabilities in Malaysia is that vocational assistance does not effectively result in employment. Regarding this issue, the presentation reported on case studies of social business initiatives undertaken by people with disabilities. An example of an initiative implemented with awareness of diversity was the case study of people with disabilities engaged in manufacturing of small items using Japanese textile techniques. There were suggestions from the floor to expand this initiative into a manufacturing business through cooperation with local designers. Next, Muhamad Khairul Anuar Bin Hussin delivered a report on policies for special education assistance and presented a proposal for mobile education as a new method for provision of support to children with disabilities who are not eligible for special education assistance (because of multiple disabilities, etc.) and as a result cannot receive education. With regard to this presentation there were questions regarding details of the process for provision of support through mobile education and Khairul responded that assistance was provided through hands-on initiatives.

Ki Ling from Myanmar spoke of welfare policies and relevant issues in Myanmar. Next, Nan Mouk Seng complemented Ki's presentation by presenting case studies of specific policies regarding assistance to people with disabilities. The presentation provoked questions about the situation with schooling of children with disabilities, and the presenter responded that in big cities children with disabilities attend schools, but this is not the case in local areas.

After all presentations were completed, Masaru Susaki, Managing Director of the Arts and Culture Department reconfirmed the essence of the JENESYS Program and emphasized that case studies from Japan are simply a



platform which participants should use as a foundation for free discussions, and that they should maintain mutual exchange even after the return to their respective countries.

• **Keynote Lecture of Special Lecturer: Professor Hiroi**

In response to the question “What is welfare?” posed in the beginning by Professor Hiroi, one participant defined it as economic assistance to people with low income, while another described it as safeguarding of the right to lead good-quality life. “Welfare” is a very broad term that includes (1) the feeling of well-being, (2) social security, and (3) welfare services. However, economic growth and the feeling of well-being are not necessarily in a positive relationship. That is because once the income exceeds a certain level, the level of satisfaction with one’s life



does not increase even if the income continues to grow. Economic growth does not necessarily result in a feeling of happiness. For instance, Japan is among the lowest-rated countries in the ranking that measures the national sense of well-being.

Japan’s population is rapidly aging. The increase in longevity and the low birthrate are the main factors behind this phenomenon. The low birthrate in Japan can be traced down to the high cost of life and the trend to marry later. As a result, social security costs and pension contributions in particular are on the rise. On the other hand, the cost of social services has not increased that much. To begin with, social security costs in Japan are relatively low compared with those in Europe and the US. That is because the safety net was formed by companies that maintain life-long employment. Also, social isolation is on the rise in Japan. One of the participants suggested that the “virtualization” of human relations, which accompanies the spread of the Internet, may be the reason behind this social trend. Virtualization is probably one of the reasons, but it is necessary to consider the fact that social isolation is not a trend limited only to young people. It affects senior citizens as well. These two age groups have one thing in common: their relations with family and society have been cut off. The rate of people receiving public assistance has been on the rise since the 1990s. A breakdown shows that the age groups that rely on public assistance are senior citizens and young people who have difficulties finding employment.

In order to change this reality, it is necessary to examine the direction of social security reforms. In other words, it is necessary to provide assistance at an earlier stage of life (child-rearing support, assistance to young people), implement social security reforms at the public and private levels, and adopt an approach that recognizes the significance of communities. Intergenerational communication and exchanges are of particular importance. Examples of such initiatives are the intergenerational exchange organized by the Tokyo Toy Museum, and the communities of senior citizens in Sugamo, a popular area in Tokyo for the older generation (the area is known as the “old ladies’ Harajuku”). In other words, it is necessary to reexamine the modalities of social care. Modern society has lost its connections with local communities, nature, and spirituality. We must not simply reconsider our direct relations with these three components, but also strive to secure comprehensive care that integrates them all.

Next, the participants watched two DVD materials. The first one — *The Reality of Aging Society: New Towns Today* — depicts the life of senior citizens living on their own in Tama New Town, a large residential development in Tokyo, and introduces initiatives that search for ways for elderly citizens to help each other. The second one deals with the issues of social business initiatives, and presents university seminars targeting aspiring social entrepreneurs and case studies (home visit support for autistic children). After the lecture, participants raised the

questions listed below.

Q: What is the role of social workers in dealing with the growing social isolation?

A: They should engage not only in narrowly defined social services, but approach their work from a broad perspective. It is imperative to integrate education and environment in the scope of social services and adopt a psycho-social perspective.

Q: What about the children of senior citizens? Why don't they live together with their parents?

A: The trend toward nuclear families has resulted in smaller dwellings, so in some cases it is impossible for two generations to live together even if they wish to do so.

Q: Isn't it embarrassing, from the perspective of young people, to see senior citizens providing support to other senior citizens?

A: The significance of cultural factors is extensive. In the past, the situation in Japan was the same, but these norms have gotten weaker. On the other hand, as the period of providing care is getting longer and longer, it has become difficult for children alone to support their elderly parents. Care for senior citizens should not be left entirely in the hands of their families, as wide social support is necessary.

Q: Isn't it true that the aging of the population is imposing significant costs on society?

A: The costs associated with welfare for the elderly account for 10% of the overall social security costs. Various measures are being considered in order to secure financial resources for such costs, including an increase of the consumption tax. In any case, it is an extremely urgent problem.

● Briefing Preceding the Field Visit

After activities to help participants memorize each other's nicknames, a briefing was held to present, using PowerPoint materials, the local observation visit planned for the rest of the trip. The briefing confirmed participants' awareness of the current situation and various issues faced by modern Japanese society (materialism, high suicide rates, etc.), and presented an outline of Urakawa Town and the Bethel House program. Next, an explanation was provided of five key concepts necessary in order to understand the practices implemented by Bethel House ("dear voice/hearing voice", "disclose your weakness", "explosion/outburst", and "descending lifestyle"). Lastly, an appeal was made to the participants to implement proactive exchange of information with the practitioners at Urakawa Town from the perspective of community-building for the socially vulnerable, keeping in mind the definition of concepts such as welfare and well-being.



March 1 (Tuesday) 《Urakawa, Day 1》

● Briefing by Welfare Division Chief Mr. Yoshino: Welfare Services in Japan (Urakawa Town)

Modern Japan is characterized by a declining birthrate coupled with aging of the population. Against this backdrop, the social structure, in which young generations provide support to the elderly, is collapsing. Therefore, in order to halt the continuing decline in the birthrate, the government is working to create an environment in which people can raise children with peace of mind, and is providing assistance to families with small children. Furthermore, the trend toward nuclear families is resulting in a growing number of households that are unable to provide care

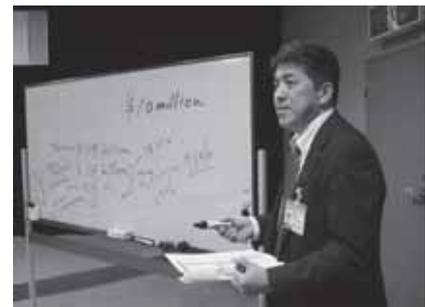
for their elderly parents, so the government is enhancing welfare services to the elderly through the nursing-care insurance system.

The policies targeting children include child allowance, child-rearing allowance, subsidies for child-birth expenses (including prenatal care and infant care) and for medical care expenses for children aged up to 12.

As for the issues related to the aging of society, they are extremely grave as illustrated by the situation in Urakawa where people aged over 65 account for more than 25% of the population. Furthermore, the trend toward nuclear families leaves many people unable to take care of their elderly parents or relatives, and the number of elderly people and elderly couples living on their own is on the rise. Policies to deal with these issues include the nursing-care insurance system, services provided to elderly citizens at their homes (home helpers, ambulatory day service centers), and institutional services (special nursing-care homes for the elderly and nursing-care and welfare facilities for the aged). The type of available services and their cost depend on the level of the required nursing care.

As for welfare services for people with disabilities, the enactment of the Services and Supports for Persons with Disabilities Act in 2006 had a significant impact. The Services and Supports for Persons with Disabilities Act govern welfare for people with physical, intellectual and mental disabilities. Prior to the enactment of this act, services for each of the three categories of people with disabilities were regulated by separate laws, but in 2006 these services were placed under the governance of a single legislation. However, Japan is falling behind in the measures for people with mental disabilities, and the Bethel House project, which is part of such measures, is an advanced initiative even for Japan. The central government covers 50% of the costs for services for people with disabilities, the prefectural government of Hokkaido covers 25%, and the local authorities in Urakawa Town ? the remaining 25%.

There are also services that people with disabilities can receive at home (or home helpers, day services, and short stays), and institutional services for provision of training (rehabilitation, vocational and placement support,



etc.) Furthermore, special child-rearing allowance is provided to parents of children with disabilities. When people with disabilities reach the age of 65, under the current system welfare is shifted to nursing-care services. Vocational and placement training for people with disabilities has been provided for many years now, but the reality is that such training seldom results in actual employment. For people with disabilities it is difficult to secure income to support themselves, so there are many people who receive such training over extended periods of time as they make their living. After the lecture, participants raised the questions listed below.

Q: How are welfare services provided to registered children of single parents or unregistered children and other similar cases?

A: In Japan, there are not many instances of unregistered children. If it is deemed that an unregistered child requires support, the child is issued a temporary certificate of residence that enables it to receive the necessary services. However, it is difficult to receive such services without some kind of registration.

Q: What is the number of children per household that the government provides support for?

A: Due to the declining birthrate, Japanese families are not very large. Even in the rare cases of families with five or six children, all are eligible for support. There is no limitation on the number of children that are covered by the welfare services provided by the government.

Q: Is there any difference between the measures implemented by the central government and the measures implemented by local administration? Also, are there social workers who intervene in cases of orphans and

abused children?

A: The administration of Urakawa Town is applying without any modifications the system for child allowance provided by the government. However, as far as welfare services for people with disabilities and for the elderly are concerned, in lightly-populated areas sometimes it is impossible to provide the full range of services secured by the central government. If the number of users is limited, these services are costly and have no effect. In such cases, people who opt for services that are unavailable in their area go to receive them in other larger towns. Also, in cases of severe home environment, social workers at hospitals and officials in charge at town administrations pay home visits and try to intervene. The important thing is to provide support through a broader network, including local administration officials, school teachers, and social workers, as opposed to one-to-one support.

Q: How long is the maternity leave in Japan? Also, what is the age from which children are admitted into daycare?

A: The length of the maternity leave differs depending on the place of employment, but in principle it covers the period from one month prior to the estimated date of delivery to two-three months after the delivery. After that, some large companies also provide a child-rearing leave. However, at small business establishments such as those in Urakawa, it is often difficult to take such a leave. Children are admitted to daycare from before they turn one. In Urakawa, the lowest age at which children are admitted to daycare is six months. However, some private daycare centers admit infants as young as two months. Children can attend daycare until the age of six or until entry into elementary school.

Q: Do nursing-care facilities and homes secure any systems or programs for provision of entertainment to elderly persons who suffer from depression or a sense of isolation?

A: An increasing number of elderly people suffer from depression. We provide consultation with regard to this problem. Day services, too, provide various recreational activities and opportunities for elderly people to practice their manual dexterity. Also, there are senior citizen clubs in each community, which are subsidized by the local authorities to organize trips, birthday parties and visits to hot spas.



Q: What are the methods for assessment of welfare facilities?

A: Various surveys are carried out particularly with regard to facilities for senior citizens. Also, a variety of assessments are carried out in order to gather information about the situation of the elderly. However, it is difficult to immediately reflect their results in the actual services. Still, when the assessment activities demonstrate that elderly citizens wish to receive a certain service, we try to respond to their needs immediately.

Q: Tax revenue must have declined. How do you deal with this problem?

A: Tax revenue has declined. This is true for Urakawa Town as well. However, once launched, welfare services cannot be terminated, so we try to fund them by reducing expenses for buildings and road construction. However, such measures weaken support for local industries, which is a significant problem for small towns.

Q: What is the role of private organizations and local NPOs in provision of assistance to the elderly?

A: As far as the private sector is concerned, in Urakawa we have several volunteer organizations. The local authorities are providing financial assistance to cover the minimum of their activity expenses. For instance,

volunteer organizations participate in the provision of food services (home delivery of lunch boxes to elderly people) and try to visit their homes on a regular basis. Also, volunteers provide nursing-care services to senior citizens who are not eligible for services under the public nursing-care insurance plan (because their need of nursing care is not so high) but wish to receive such services.



Q: Are there any examples of psychological support at meeting places?

A: In the past, life at facilities was a lonely experience for the elderly. However, in recent years many people think that it is better to enter such facilities than to live alone at home. Facilities provide an environment in which the elderly are surrounded by other people of their age and are taken care of by specialized personnel, so they feel safe. Therefore, elderly citizens who live in facilities are not necessarily miserable. Of course, if they have problems or suffer from distress, caregivers and medical personnel provide support. However, in Urakawa we do not have many social workers.

Q: Employment issues are forcing young people to leave for big cities. How do local authorities deal with the issue of their elderly parents who are left behind?

A: The nursing-care insurance system was created exactly because young people leaving small towns and childless families are issues on a national scale. We are shifting to a system in which institutions take the place of children as providers of nursing care of their elderly parents. However, the declining birthrate is creating a situation in which the number of young people who support this system is shrinking, thus increasing the individual burden placed on each young person. The pension and health insurance systems are in the same difficult situation.

Q: Is there any counseling provided to children born between parents with disabilities? Also, is there any legislation that bans people with disabilities from getting married?

A: There is no service established with this specific purpose, but since people with disabilities attend specialized hospitals, medical doctors as well as social workers at these hospitals provide consultation. There is no legislation that bans people with disabilities from getting married. Below is an outline of the information participants shared regarding the situation at their respective countries regarding this issue.

Malaysia: People with disabilities are allowed to marry, but they are required to receive genetic counseling.

Singapore: There is no specific legislation banning marriage of people with disabilities, but in the case of people with intellectual disabilities, parents tend to adopt a protective stance and refuse to allow their children to form relationships. In some cases, when such relationships cannot be prevented, some parents resort to contraceptive measures such as removal of the girl's uterus, so cases of marriage of people with disabilities are extremely rare.

Australia: A participant's cousin suffering from cerebral palsy is soon to marry a person with the same disability. However, 10 ? 15 years ago there were cases similar to those in Singapore. Singapore: Cases of forced contraception are rather extreme, so the situation really is not that severe.



Q: It seems that some 20–30 years ago, people with disabilities were isolated from their local communities. Has the awareness of communities regarding people with disabilities improved?

A: The truth that there is still a lot to be done in this regard. However, more and more members of communities are beginning to treat with warmth the people with disabilities living among them. Still, in the case of people with mental disabilities, life in the community causes problems. For instance, since some tend to turn violent when their condition deteriorates, members of their community may call the police.

Q: What about the advantages and disadvantages of legislation, in particular the enactment of the Services and Supports for Persons with Disabilities Act, for Urakawa Town?

A: The shift in the policies to provision of support for the independent living of people with disabilities resulted in a situation in which people with intellectual disabilities living in specialized institutions had to leave the institutions if they suffered from a light case of such disabilities, even if, in reality, they could not live on their own in local communities. In the case of people with intellectual disabilities, if they are physically healthy, their grade of disability gets reduced. This is the negative impact of having three different categories of disability regulated by one law. As for the positive effects, it became possible for all people with disabilities to receive the same level of services. In the past, lavish assistance was provided for people with physical disabilities, while support for people with mental disabilities was insufficient. However, today people with mental disabilities receive the same services as people with physical disabilities.

Q: What is the level of satisfaction with the social welfare services provided by Urakawa Town?

A: The natives of Urakawa show understanding with regard to the level of services that local authorities are able to provide, but people who come from other places in Japan often enquire after services that were available at their previous place of residence but are not provided in Urakawa. So some people express dissatisfaction with the level of services. Services for the elderly are rather solid, but in exchange the nursing-care insurance is slightly higher. That is why elderly residents who do not use these services sometimes complain of the high insurance premiums.

Q: Is there a method for objective evaluation of welfare services?

A: Examples of regular evaluation are the opinion polls carried out by the national government. The town assembly members listen to the opinions of local communities. Also, we survey the opinions of part of the population when we revise the welfare policies of the town once every few years. However, there are no specific initiatives for regular revision of the welfare activities we are implementing.

Q: What is the share of budget contribution of the national government, the local authorities, and private entities? Also, what are the issues associated with the provision of welfare services by the public sector?

A: Regarding the budget allocated for welfare, in principle, the national government provides 50% of the budget, the prefectural government of Hokkaido 25%, and the local authorities of Urakawa 25%. This is the distribution of burden in most projects. There are few independent projects implemented by Urakawa Town alone. There are also projects jointly implemented by the prefectural government and the local administration, so it is difficult to present the allocation of burden through simple calculations. The major premise is that the users cover 10% of the cost of welfare services, and the government covers the remaining 90%. As far as public works are concerned, the private sector rarely makes budget contributions. The main issue that we face is that since we must provide welfare services under certain rules, there are many borderline cases in which it is difficult to determine whether the person is eligible for welfare services or not.



• Cultural Exchange and Deepening of Understanding of the Ainu Culture

The hall in Sakaimachi Seikatsukan, which served as the venue of the event, was decorated with Ainu traditional tapestry and banners greeting the participants and immersing them in the unique atmosphere of the Ainu culture. The approximately three-hour program of the event consisted of an opening address delivered by Ms. Tori Shoji, Chairman of the Urakawa Society for Preservation of Ainu Culture, a speech by Ms. Yuri Jonoguchi, sampling of Ainu traditional dishes and presentation of recipes, a demonstration of mukhuri (a tension jaw harp of the Ainu people), Ainu songs, traditional Ainu dances performed in harvest celebration rituals, porori buse, and a dance joined by all participants.

The speech delivered by Yuri Jonoguchi was based on personal experiences and expressed a feeling of anger and enmity toward the Japanese government and the Japanese people. On the other hand, in the kitchen of the venue, participants enjoyed a hands-on experience in preparing Ainu dishes by grinding kelp seaweeds using rice mortars and kneading dumplings. They also tasted traditional dishes such as grilled salmon, kelp flakes, and pumpkin salad prepared with kelp seaweed broth. After a lesson in playing the mukhuri, many of the participants demonstrated their new skills in front of the microphone, and, as part of the natural flow, formed a circle and danced together with members of the society, thus bringing the event to a close. Below is a list of the questions raised by participants.

Q: It appears that in the past the Ainu minority was subject to severe discrimination. Do you think that nowadays its representatives have integrated in Japanese society?

A: Overall, discrimination has diminished, but even today in mainland Japan people tend to refer to a certain person as Ainu by touching their noses. It is hard to claim that there is no more discrimination. Racial discrimination has not been eliminated. It is precisely racial discrimination that has forced Ainu people to tread a thorny



path. After the Japanese invaded Hokkaido from Honshu 140 years ago, Ainu were forced to change their language and speak Japanese. Almost all aspects of their culture, including clothing and lifestyle, were encroached upon by the Japanese. Today, Ainu people lead the same life as Japanese people, but they are making efforts to restore the traditional lifestyle of the Ainu ethnic group.

There are 560 Ainu families in Urakawa Town, but because of the severe discrimination, only 140 have joined the Ainu Society. Some believe that they will avoid discrimination if they move to mainland Japan, so they leave Urakawa. There have been cases of young people who secretly flee to Nagoya. The word “Ainu” means “human” in the Ainu language, so it is inexplicable why Ainu people are subjected to discrimination. There are many young people of Ainu descent who cannot marry because of discrimination.

Q: What about the political participation of the Ainu people?

A: During election campaigns, most politicians promise to work hard for the Ainu people, but once elected they basically do nothing. Ainu people are known for their reluctance to strongly oppose or criticize Japanese. But we should ask who is responsible for this. The fact that the Ainu issue was recognized under external pressure should also be noted. Politicians do not think much of the Ainu people. Some progress has been made in that respect compared with the situation during the speaker’s childhood, but it is still not enough. Japanese politicians should study more. In the past, there was an Ainu member of the House of Councilors called Shigeru Kayano. In the Diet, he often posed question in the Ainu language, using an interpreter.

Thanks to his efforts, some progress was made in deepening understanding of the Ainu issue. However, Mr. Kayano passed away in 2006. In 2008, prior to the recognition of the Ainu as indigenous people, an advisory panel of experts at the Utari Association of Hokkaido (renamed to “The Ainu Association of Hokkaido” in 2009) requested that three Ainu activists be sent to the National Diet, but their request was rejected. The Ainu demand parliamentary seats for ethnic minorities, but the government refuses to recognize this demand.



● Bethel House: Orientation, Cafe Bura Bura

1. Briefing on Bethel House by Ikuyoshi Mukaiyachi

The economic situation in the Hidaka region is extremely severe, and 30% of the town population is Ainu. When Ikuyoshi Mukaiyachi began his career as a social worker some 33 years ago, many people in Urakawa suffered from alcoholism and mental disorders and lived in poverty. The region was plagued by grave problems.

In the current state of mental healthcare in Japan, one in every 40 people suffers from some kind of a mental disease, and the annual number of suicides exceeds 30,000 people for a twelfth year in a row. Mental diseases have been pointed out as one of the factors behind the high number of suicides. The mental health of Japanese people is in danger. The disability-adjusted life year (DALY) index used by the World Health Organization (WHO) as a measure to quantify the effect of diseases, injuries and risk factors on population health shows that in advanced countries, including Japan, mental diseases represent the most serious risk factor. Until now, inpatient medical care was the basic measure. Lack of information characterized all aspects of such care. Patients were given large amounts of medication without even knowing the name of their disease. Furthermore, psychiatric services constantly suffered from personnel deficiency, so the practice of “three-minute examinations” was the norm.

For instance, a patient at Bethel House called Ito was advised to receive psychiatric care when he was in college because of auditory hallucinations that a high-school girl in the neighborhood was spreading bad rumors about him. However, it took Ito two years before he could actually visit a psychiatrist. That is how difficult it was for him to come to terms with the fact that he suffered from a mental disease.

Mental healthcare services must change into services that support overall patients’ life. Waiting for patients at the clinic is not enough. Medical personnel must reach out to people with mental disabilities and provide support for them and for their families.

Bethel House was started as a self-help group. Later it was established as a social welfare corporation, and created an NPO. In 2010, it launched a “Tokyo Project” for provision of support to homeless people suffering from mental diseases in Ikebukuro. Funding was provided by a French NPO.

Kiyoshi Hayakawa, an entrepreneur in the field of kelp seaweed, was constantly in and out of the Urakawa Red Cross Hospital. Patients at Bethel House describe themselves as “Ultramen who can survive only three minutes” (an allusion to the popular comic hero Ultraman who can survive on Earth only for three minutes), so they are competing “in short-distance relays rather than in long-distance marathons.” This means that they connect with their fellow patients for short periods of time. Since working at a pace that matches the pace of one’s counterparts is quite difficult, it is important to work at one’s own pace. Based on this principle, Bethel House is engaged in creating work opportunities that allow patients to take time off and appreciate their uniqueness as individuals,

including their diseases.

Bethel House is also a place of romantic affairs. Residents get married and give birth to children, so today it has become possible to organize parent-child sports meets. However, not all is blissful. There are also spouses who waste money on pachinko, and problems that end in divorce occur sometimes. In that respect, Bethel House is an extension of ordinary society.



Kiyoshi Matsumoto of Bethel House says that schizophrenia is a disease that helps one find friends. To him, the persons who inhabit his hallucinations are friends. Such approach to mental diseases was extremely unique at the time when Bethel House was established. In principle, hallucinations were considered symptoms that had to be eliminated through medical treatment.

Such research implemented by the founders of Bethel House is also an endeavor to find solutions for issues faced by local communities through the efforts of the members of these communities. In the words of the movie *Oriteyuku Ikikata* (“Descending Lifestyle”), which deals with these concepts and issues, our objective is to establish self-supporting local communities. After the briefing, participants raised the questions listed below.

Q: There is a variety of approaches to treatment of mental disorders ? biological approach, psychological approach, social approach, emotional approach, etc. What kind of approach does Bethel House rely on? Also, how are you going to solicit clients considering the large number of hospitals and other rival institutions?

A: This is an important question. The general common understanding in Japan regarding approaches to treatment of mental disorders is that they encompass the following: (1) appropriate medication therapy; (2) life skill training through a cognitive behavior therapy; (3) support to eliminate feelings of loss and frustration; and (4) family support. At Bethel House, we place priority on improving patients’ skills and activities for self-support. In fact, activities for self support were implemented most actively in the 70s. From the 80s to the 90s, however, the medication therapy approach gradually took over. In Japan, there is a tendency to excessively rely on medication. The amount of administered medication is from five to ten times higher than that in Europe and the US. For instance, the budget allocation for medical treatment and welfare in Europe and the US is 1:9, while in Japan 99% of the budget is allocated to medical treatment and 1% to welfare. Of course, the government, too, is concerned over this issue, but its efforts cannot catch up with the rapid increase in the number of people with mental disabilities. That is why our patient-centered activities are becoming increasingly important. Medication administered to residents of Bethel House is almost on the same level as the global standard. The number of beds in the hospital’s psychiatric ward dropped from 130 to 40. We believe that people with mental disabilities now have a base for living in their local communities. Also, four peer supporters are providing assistance to people with mental disabilities.

Q: Is Bethel House a group home? Also, Bethel House was launched as a church initiative, but does it have any connection with religion?

A: Initially, Bethel House shared the lodgings of a church priest. Later, it became an independent organization. We receive donations from church organizations.

Q: How do you categorize diseases?

A: People with a variety of disorders live and work together in Bethel House: mental disorders, addictions, self-injurious behavior, brain injuries, truancy, developmental disorders, personality disorders, etc. These are all

distinct mental conditions, but through our meetings, we have reached a conclusion that they all share some basic elements that make the life of people with mental disabilities very difficult. All patients face similar difficulties despite being diagnosed with different diseases. That is probably why they can work together.

Q: How many of your patients have recovered completely and how many have not recovered yet since the establishment of Bethel House? Also, is there a possibility that the model of Bethel House may be applied in other towns, too?

A: Let's say that we have ten patients suffering from schizophrenia, and two of them can now live on their own, without regular hospital visits and without medication. Can we consider this complete recovery? Can we say that they are leading fulfilling lives? There are some cases in which patients attain a sense of fulfillment that was unimaginable in the past.

Q: What are the risks associated with medication?

A: (In the case of Mr. Hayasaka) I need medication although Dr. Kawamura says that I don't need it. In the past, I stopped taking medication, and my condition gradually worsened with each week. I will try to reduce the amount of medication when I think I am feeling better. I will ask myself what amount of medication is best for me, taking into consideration the advice I receive from fellow residents. I think that my condition has been improving little by little over the many years I have been taking medication. In Bethel House there is a saying: "Don't try to fix your disease on your own"



Q: How are patients involved in your research? Also, what are the factors that energize and cheer patients up?

A: We earnestly face and accept the fears of our patients. First of all, we accept that behavior such as beating the wall, complaining of one's neighbors or calling emergency is patients' way of running away from their fears. However, we also share with them that beating the wall will not solve their problems. Searching for methods other than beating the wall is in fact what we call research.

Q: What about screening? What do you do when it is deemed that a person who has come to Bethel House should be taken to a hospital? Also, is it correct to describe Bethel House as a rehabilitation center, and if so, what kind of people are eligible for admission? Are patients discharged once their condition improves?

A: In many cases, patients are referred to Bethel House after an examination at a hospital first, so in this sense screening is carried out at hospitals. People who wish to use the services provided by Bethel House eventually will have to incorporate treatment into their daily lives, so first we put them in contact with hospitals. As for the question whether Bethel House is a rehabilitation center, we want patients to not view Bethel House simply as a provider of medical treatment, but to participate in the project with determination to take on new challenges, so in the broad sense of this term, the Bethel House project can be seen as a part of the local community rehabilitation activities. But implementing just rehabilitation is kind of constraining, so we combine it with various other initiatives, such as establishing an NPO, launching a business, etc. There is no need to enhance rehabilitation services. It is important to expand opportunities for taking new challenges in the periphery of rehabilitation. I believe that the mission of Bethel House is to provide the following types of support: (1) work support; (2) support for living and maintaining connections with one's peers; (3) support to assemble; and (4) support for community-building activities.

2. Establishment of Cafe Bura Bura

Ms. Maho Ikematsu of Bethel House presented a video showing the establishment of the Cafe. The presentation was followed by an introduction of Bethel House members. Next, there was a piano performance by members, and the JENESYS participants enjoyed some relaxing time, sampling delicious deserts and coffee while listening to music and engaging in conversations.



March 2 (Wednesday) 《Urakawa, Day 2》

● Facilities for the Elderly

1. Elderly Nursing Home “Chinomi no Sato”

After receiving an overview of the facilities from the facility director and following a question and answer session, all members visited various parts of the inside of the facility. Chinomi no Sato holds a maximum of 75 people (16 men and 54 women) and there are 33 staff, including care workers, nurses, and cooks. Some time was allowed for directly interacting with the residents. As dementia had already set in for some of them, there were times when it was difficult to continue a conversation.



However, some JENESYS members placed their hands on the hands of the elderly patients, stood with them and smiled, and tried to talk with them:

Q: Is the number of patients increasing?

A: At present we are at full capacity. There are also 25 people that have completed the entry screening and are on the waiting list. The number of people on the waiting list is not increasing.

2. Urakawa Town Day Service Center (Home Assistance Center)

There was an explanation regarding the day service and it was said that on that particular day 21 people were using the service. Each morning a bus goes to pick up the patients and bring them to the facility, where a nurse first measures their blood pressure and temperature and then gives them a bath and lunch. They are given until a little after 2:00 p.m. to eat their lunch and relax, and then are given recreation time which is coupled with rehabilitation. Patients are taken back home around 3:50 p.m. Staff said that they focus on making the patients laugh as much as possible, as many are elderly individuals living alone. They also mentioned that they take care to have patients perform tasks by themselves whenever possible. They are a staff of about seven people including one nurse, and around four people help with the bathing.



The inside of the facility was decorated with origami that was made by a patient that suffers from sudden deafness. Many members presented strong interest in the elaborateness and beauty of the origami, and several were given some of the pieces as souvenirs. The following is a list of questions raised by participants:

Q: How much does the facility cost to use? Also, what are the age regulations on patients?

A: Usage fees are determined based on the nursing care needs level (yokaigodo), which runs between one and five. Generally, however, it is around ¥1,000 (including a ¥350 lunch, ¥50 bath, and charges for picking up and taking home the patient). This is the cost for patients that pay only 10% due to nursing insurance. As a rule anyone age 65 and over can use the facility, however it is also possible for younger people to use the facility if they suffer from a disability and have been approved for nursing.

Q: What is the reason behind people choosing to come here?

A: Basically, there are few patients that come here on their own will. Usually they are given the suggestion to come here when talking to a family member, health worker, or care manager.

● Facilities for the Physically Challenged

1. Nursing Facility for the Physically Challenged “Urakawa Warashibe En”

The participants toured the facilities under the direction of Director Onishi. The Urakawa Warashibe En is a facility for physically challenged persons that require nursing 24-hours-a-day. The facility holds a maximum of 50 people, and currently there are 27 men and 22 women living there. The facility accepts physically challenged people between the ages of 18 and 65 and the average age of patients is 56 years old, however the severity of disabilities and average age of patients is apparently growing. The building has a community exchange space that can be used for meetings and where visiting family members and patients can spend relaxed time together.



Q: Do patients' family members come and visit often?

A: Patients come from all over Hokkaido. About 50% are from Hidaka region and the rest from other areas. Families of patients that live close may visit everyday, but some do not visit at all. The majority of the time, family does not come to visit if it is a partner.

2. Therapeutic Horseback Riding Lessons

The participants observed two patients taking horseback riding lessons. A 15-year-old boy rode on a brown horse named Anzu. Patients are very tense and their hip joints face difficulty in opening. Apparently, patients receive these lessons in order to relieve that situation. The next patient rode a white horse named Katy. This patient had been happily dancing around in his wheelchair since we arrived at the facility. He appeared so happy that we were watching, every time he whipped the horse's reins he would yell to us, “How about that?”



After that we returned to the classroom and received an explanation on the horseback riding lessons from the staff. The age of patients is widespread, ranging between 4 and 90, but the lessons are taken by physically challenged persons

(children and adults) as well as elderly persons in order to minimize care needs. The horses are broken-in so that physically challenged persons can ride them. When ridden by children the staff incorporates games and other techniques in order to offer educational effects in addition to the physical results gained.

Horseback riding therapy is popular in the United States and Europe. However, while the person riding the horse can feel the results, it is difficult to convert the results to numbers. Therefore, it is having trouble catching on

in Japan. The facility noted that they intend to collect data and continue research on the concrete results of this therapy. The following is a question raised by participants:

Q: What are the merits of therapeutic horseback riding?

A: Horseback riding lessons are included in the wider category of animal therapy, which also contains having a dog or cat. However, it is possible to ride a horse, unlike a dog or cat. So, there is the merit of coming into contact with animals. Moreover, the back of horses is wobbly, allowing riders to improve their balance. Also, patients can also expect to improve their posture when standing, seated, or walking due to the impact that the instability of riding a horse has on the pelvis. Horses are calm animals that like humans, and we select horses that approach people in a friendly manner. There are even some horses that are rougher with their trainers but kind to the patients.

● Bethel House: Social Aspect (Living space of the members)

The first visited Bethel House Seminar House. Bethel House owns four group homes for which legal approval has been received, and five community houses for which no approval has been received. There are even some patients that live together in private apartments. Based on the Services and Supports for Persons with Disabilities Act, persons are only admitted that wish to live together with others in the area and that require assistance with meals or medicine. One characteristic is that every week a meeting is held in each home. Furthermore, Bethel's Seminar House hosts both a group home and a community house under the same roof.



Next, they visited a community house called Lica House. Lica House is a community house for senior citizens and is thus barrier-free. One resident told us that focus is being put on disaster preparedness activities from the perspective that mentally challenged persons must be able to protect themselves if they are to live with other people in the community. She suffered from depression before coming to Bethel's, but she says that after coming she has become able to work, form relationships with others without interfering too much in their lives, have intimate relationships, and knocks on the doors of people that she does not see all day to check on their wellbeing. Upon hearing this Prof. Nagata commented on the message that the practices of Bethel's not trying to eliminate auditory and visual hallucinations, but to accept that part of oneself, or to realize a way of life where one accepts oneself in their entirety are sending to modern society.

Last, three women staying at a group home called Flower Heights talked with us. This facility is referred to as the "Auditory Hallucination Building" as many people that live there experience auditory hallucinations. Nevertheless, they said that people will help you when a hallucination occurs and that everyone is very close despite the large number of problems in the house. The following is a list of questions raised by participants:

Q: Are there any rules, rights, or duties that must be abided by in order to become a member of Bethel's?

A: There are many different kinds of people at Bethel's. For instance, there are some people that can only concentrate for a maximum of three minutes at a time. Those people are allowed to go home if they do not feel well at work. What makes this possible is "disclose your weakness." That is what allows for connections to be made. In that sense, the following three pillars are important: consulting with others, staying honest, and going to the doctor.

March 3 (Thursday) 《Urakawa, Day 3》

● Facility for the Mentally Disabled: Koyoen

The tour started with a greeting by staff and an overview of the facility. Koyoen is a self-support facility for mentally disabled people. The facility is run on the principal that “self-support” means providing support catered to each patient. The facility is based on assisting patients’ transitions from living at facilities back into society. They cooperate with Bethel’s and Red Cross Hospital to support disabled patients become able to live independently in society. At the work area, where they process marine products, the participants were offered to taste smoked salmon. They also toured the carpentry shop and group home. They then returned to the main building, had a short question and answer session, and purchased some of the woodworks. They also received some of their marine products and a horseshoe as souvenirs. The disabled patients of the facility provided them with a warm welcome, and there were some small exchanges with them. There was strong interest in the products being made at the work area, and almost all of the participants actually took the woodworks, in particular, in their hand and observed them carefully. The following is a list of questions raised by participants:



Q: Do you accept mentally disabled people no matter their situation?
A: Anyone with a mental disability is accepted. We select patients based on the wishes of the patient and their caretaker.
Q: Do you conduct any training to help patients get acclimated to living in a community?
A: We provide assistance for lifestyle and occupational training. This rarely leads to employment opportunities, but some patients do undertake practical training on a seasonal or short-term basis.

● Horseback Riding

After the staff introduced the horses and gave instructions on the things to be careful for when riding the horses, the participants actually rode them. It was the first time to ride a horse for most participants, but no one found it to be scary, and everyone looked like they were enjoying themselves. After the horseback riding, the participants talked to the staff. Some participants were afraid of heights and others had overcome past experiences.



● Bethel House: Employment Aspect, Support Aspect, and Patient-Led Research

1. Employment Aspect

At New Bethel’s there are various types of activity areas as well as places where goods are created and products shipped. There was a slideshow and explanation about konbu (dried kelp), which is the facility’s core product. Sales of goods at Bethel’s between February and April 2010 totaled ¥25 million (of which ¥17 million was by New Bethel’s and ¥5 million was by the cafe). Recently, it has started launching businesses as well as an NPO. At the end, participants were separated into three groups, where they tried their hand at saori hand weaving, sticker labeling, and packaging konbu. Some of the participants were even given the chance to try embroidery.

2. Support Aspect:

The participants visited the medical consultation office at Urakawa Red Cross Hospital. Mr. Takada, a medical social worker, and two Bethel's members were introduced. First, they were provided an overview about the hospital. Because the Bethel's members that stay at the hospital started to spend time in the community, the number of beds was reduced and in their place a day care service for these individuals was started.



Next, the efforts of the psychiatric day care service were introduced. Care based on SST (Social Skills Training) is provided, and they say

that karaoke is a very useful way to practice this type of care. The reason is that karaoke is an action that allows patients to utilize their sensory functions in full, as they listen to the sounds, follow the lyrics with their eyes, and integrate the two in their brain. Moreover, singing in front of people boosts confidence while it is also a place to practice social skills, such as listening to others as they sing and waiting one's turn.

There was also an explanation about meetings on auditory hallucinations (methods for handling "Dear Voice / Hearing Voice"), "Superficial Face Meetings" (confirm and report on the distinction between feelings and behavior), daycare member meetings (talk about one's health, mood, and struggles in that order, and then make a "small wish"), and occupational therapy. The following is a list of questions raised by participants:

Q: Are the details of SST recorded? Also, are there chances to review them?

A: Recordings are made. A characteristic of our SST is that it is conducted under the mutual agreement of both patients and daycare members. It is extremely effective because daycare members are great role models for patients.

3. Observation: Patient-Led Research

First, Mr. Mukaiyachi provided an explanation on the meaning of the word "Tojisha (a patient himself/herself)". At Bethel's, the term "Tojisha" means a person that has made the single decision to accept the reality of their schizophrenia or one's own illness as one's own valuable experience. This also refers to the concept of one being the main actor of his or her own life, but apparently it is very difficult to translate into a different language. People that had mental illnesses have been viewed as being helpless or inadequate. Only the people around the patient would accept the schizophrenia as the truth, while the patient was unable to influence their own situation. However, the most knowledgeable expert about a person's illness is the patient himself. In Urakawa the practice is to speak about these experiences to the community.

Next, there was a report about the results of research on eight members from Bethel's. The deep connection between each member is that they acknowledge their hardships and restore communication by talking freely about their experience with their various struggles. What makes this possible is "Weakness Empowers / Weakness as a bond (Yowasa wo kizuna ni)." Furthermore, it was added that the small amount of medicine used in Urakawa is another aspect that allows for conducting such discussions. One member reported that, usually when patients take large amounts of medicine they become unable to function, so the small amounts they take allows them to talk more. Dr. Kawamura of Red Cross Hospital always says, "The doctor will fix half but then you have to fix the other half." It was apparent that talking together allowed patients to share the specialness of linking with others. The report by Mr. Yamauchi of Bethel's on UFO research contributed to creating a homely atmosphere. The following is a list of questions raised by participants:

Q: Do you have meetings for the purpose of building trust to empower patients to speak about their troubles?

A: We have been told that having patients talk about their struggles was, conversely, too much of a forced approach. That is because we have believed that remembering the pain would cause patients to lose their sense of balance. However, we have started doing the exact opposite. If you acknowledge that each patient's experiences are important, unique, and useful for society, they will bravely begin to speak. That is our basic philosophy about beginning to speak.



Q: What are you considering on doing as a next step (vision, etc.)?

A: We want to make our facility a place where people from all over Japan, or the world, can share their pains. That is, it is the common dream of all Bethel's members that we are not so unique. One way to do this is to link up a network of Patient-Led research conducted around Japan and create a database. That way, if it becomes possible to access past research any time, it will be extremely useful for the research that is currently being conducted.

After that they walked over to the Cafe Bura Bura and the participants were given time to talk freely with the Bethel's members. Participants interested in Patient-Led research in their own countries did their best to get Mr. Mukaiyachi to explain to them how to make it happen. The meeting was very lively, as everyone formed a big circle and sang and danced.

March 4 (Friday) 《Urakawa, Day 4》

● Integrated Workshop with the members of Bethel House

There was an explanation by Ms. Ikematsu about work to be conducted that day and commentary from Mr. Mukaiyachi about methods for Patient-Led Research. On the day before, a participant had requested a manual, and that is where his explanation started. In Patient-Led Research, when faced with various difficult situations first you determine what exactly is occurring, and then the person figures out the issue based on the way that they experience it. Next, you assess how you responded to the difficulty in the past when it was faced and whether you are satisfied with that response. If you are not very satisfied by the response you will brainstorm with the rest of the group about a new substitute idea. In other words, Patient-Led Researcher is not capable of being captured in the form of a manual. However, one important aspect was that, no matter what reality is faced or problem is possessed, the individual should not reject their feelings, but share wisdom among each other and continue a process of positive trial and error. The bravery to change what can be changed, the modesty to accept what cannot be changed, and the cleverness to distinguish between the two? it almost sounds like a divine poem. Therefore, while the stakeholder research introduced started between people with severe cases of schizophrenia, anyone can utilize this method as long as they lead responsible lives and maintain positivity.

A participant then asked a question. Some people with disabilities cannot talk about their struggles with others or lack the ability to even talk. The participant's question was: what can you do to get those types of people to talk? In response to this question, Mr. Ito from Bethel's spoke about his own personal experience. According to him, at first he felt like he was the only one that was harboring such pain. However, he then learned that there were others that had similar experiences and that there was a place that he could talk about those experiences comfortably. He

said that that is what made it possible for him to talk about his struggles. Then Mr. Ito's case was used to introduce actual SST.

Next, one participant spoke about a past personal struggle and what she did to handle the issue. Faced with the pressure of meeting his parents' expectations, the participant went as far as inflicting self-injury on herself. Today, however, she is able to control herself in everyday life. She noticed two things while on the path to recovery. The first was that one can save herself by working to save others. The second was that she



became able to believe in the love of god, and then share that love with her families and friends. Also, she says that meeting the other members at Bethel's made her feel that she was not alone. In her home country she was alone, but Bethel's was a place where she could share that feeling with others. Bethel's members gave that participant's set of symptoms its own name. Next, Mr. Hayakawa, a member of Bethel's, expressed his appreciation for the participant being brave enough to speak about her own experience in front of everyone. Responding, the participant said that she was only able to speak in front of everyone because she had the support of Bethel's members.

Another participant introduced the utility of drama therapy, in which he takes part, as another method to acquire hints for recovery by using one's painful experiences. Drama therapy is said to be effective for children that, for instance, have been subject to abuse, and particularly sexual abuse. This is because these children are not able to talk to others about their experiences. According to this participant, the path to recovery for him was in being confident in himself. For example, even if another person tells you how great you are, recovery is still difficult unless you believe that yourself.

After several questions, Professor Nagata offered comments in review of everything the participants had learned. In doing so he quoted Mr. Mukaiyachi's opening comment, where he noted that people should change what they can change and accept what they cannot. He urged the participants to think about what wisdom would be required to master such a process.

The participant extended words of gratitude not to Mr. Mukaiyachi, but to the Bethel's member that spoke of his painful experience. Even today participants that spoke of their own experiences were warmly accepted by the members. A natural atmosphere had been created where people respected and thanked others for speaking of their experiences. There was also a comment from a participant that mental illnesses are not something to recover from, but something to face with each passing day. This seemed to be close to the philosophy of Bethel's, which asserts, "Take back your hardship (*Kuro wo torimodosu*)."

The following is a list of questions raised by participants:

Q: How will Bethel House proceed in the future? That is, ultimately, how will Bethel House integrate patients with mental illnesses into society? Will these patients, for instance, return to their families?

A: There are two options. One is for Bethel House members to return to their own communities and to spread the methods of Bethel House. A network is already spreading throughout Japan. At the same time, Bethel House takes part in social and economic activities as it establishes new businesses, spreading its influence. There are people that want to lead the operations of these businesses. Just as can be seen in the assistance for homeless that was launched recently in Ikebukuro, it is possible to disseminate the practices of Bethel House to other regions while we are here in Urakawa.

Q: What is the future vision for Bethel House as an organization?

A: The mechanisms used to support people with disabilities are still in a phase of trial and error. It is our job to

continue to propose our positive ideas to the government. Moreover, these activities must be part of a system where physically challenged persons and the roles of such persons are respected.

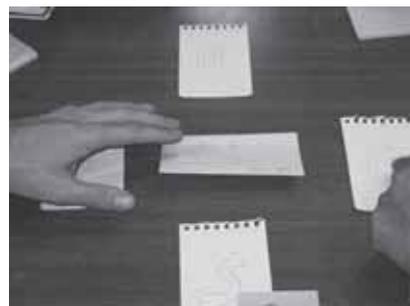
● **Urakawa Review Session: Professor Nagata**

A review was conducted of the four days spent in Urakawa (where we went, what we saw, what we did) where participants used sticky notes to write a phrase of the most moving thing that they saw or felt while in Urakawa, and then they posted on sticky notes at the front of the room. Prof. Nagata reviewed the concept of the compass method and asked participants to conduct an analysis of Urakawa Town through group work using the concept.



● **1st Group Work**

The participants were separated into six groups where they brainstormed about ideas for the final presentation. Serious discussion took place at each of the tables, and upon the recommendation from Mr. Ikematsu and request of JENESYS participants, everyone moved to Cafe Bura Bura to continue the group work. Participants actively engaged the Bethel's staff in order to answer questions that arose during their discussions. Judging from their brainstorming discussions and conversations at the cafe, their interests seemed to be less focused on the stories of patients and more centered on practical matters, such as the structure of Bethel's as an organization or the economic situation of disabled persons. These participants interact with similar people in their own countries and are involved in NPOs, and they inquired about Bethel's while keeping in mind the concrete reality faced by each patient.



● **International Exchange Party**

Seven tables with chairs had been prepared, and participants drew numbers at the entrance to receive their assigned seats. Bethel's members and Mr. Mukaiyachi and his wife were also at the venue. There were also booths with a koto, tea, flowers, and for trying on a kimono, which were being prepared by local residents. People that worked at the daycare center that they visited were also there, and there were speaking in Japanese with some of the members. Staff from community English conversation schools also participated as interpreters.

Following an opening greeting by the mayor of Urakawa Town, Bundith Punsiri from Thailand greeted everyone on behalf of JENESYS. He gave his impression about each of the places we visited in Urakawa Town and expressed his gratitude to the town's residents. He also said that he hoped everyone would utilize the experiences they gained here in their home countries. Finally, he presented a poster on which all of the participants had written the words "thank you" in their own language.

Next, after the participants from Urakawa Town and JENESYS introduced themselves, there was a koto performance and a meal. The meal was buffet-style and everything was absolutely delicious.

After that was a chance to experience Japanese culture, where demonstrations were held at the various booths. The kimono booth was very popular. Both the male and female participants tried on the kimono and took many pictures. At the end everyone formed a big circle and danced the local bon dance to close the party.

Everyone appeared to be having a lot of fun as they ate, tried on the kimono, and attempted to play the koto. Even when the interpreters were not available, the locals kindly instructed participants in step-by-step manner. Meanwhile, some members exchanged business cards and email addresses with the Bethel's members. In the end, the party was a very warm welcome from the town of Urakawa.



March 5 (Saturday) 《Urakawa-Tokyo》

When leaving the hotel, Mr. Asano, the Chief of the Planning Division from Urakawa Town, came along with Chairman Ms. Shoji of the Ainu Culture Preservation Society to send us off and deliver presents. Ms. Jonokuchi, who had given a speech, even came. JENESYS participants then left Urakawa Town, Hokkaido, where they had spent four days, for Tokyo.

March 6 (Sunday) 《Japanese Culture Experience:Kamakura》

Along the way to Kamakura, they saw cap cloud around Mt. Fuji which is believed to forecast rain on the following day. In the bus, the escorting guide explained about Japanese social trends and customs using pictures and illustrations. Everyone listened with great interest. They took the Enoshima Electric Railway from Kamakura Station to Hase Station and then walked from Hase Station to Kotokuin Temple. Some of the participants looked at the shops that lined the street with great interest. After enjoying green tea ice cream at the entrance to Hase Temple, they continued on and took a group picture in front of the great Buddha. After free lunch they walked back to Hase Temple, where everyone got to try writing sutras. It was the first time for some participants to hold a brush, but even everyone was able to handle it well. After that they took a bus to Shomyo Temple and everyone was given the chance to experience a simple tea ceremony while enjoying the view of a Japanese garden. The last location on the tour was Tsurugaoka Hachimangu Shrine. There was a wedding ceremony being conducted, offering another chance to introduce Japanese culture. For one hour free time, they spent the time as they liked, praying at the shrine, going to cafes, and buying souvenirs. On the way back to Tokyo, they were able to watch the sun set over Kamakura beach and Mt. Fuji.



March 7 (Monday) 《Tokyo》

● 2nd Group Work: Shiba Park Hotel

After confirming the following day's (final day) schedule and making other notifications, discussions started for the second day of group work. Everyone engaged in serious discussions at first, but in the latter half people seemed more relaxed, as they drank tea and enjoyed snacks as they put their work on paper. The session ended with directions about



how to carry out the final presentations, after which participants completed questionnaires for the Ministry of Foreign Affairs.

March 8 (Tuesday) 《Tokyo》

● Courtesy Call to Ministry of Foreign Affairs

After arriving at the meeting room at the Ministry of Foreign Affairs, Parliamentary Vice-Minister Makiko Kikuta came right on time. Ms. Kikuta spoke about the current situation and issues in Japanese welfare policy, and offered an overview of a future vision. Rituparna Sarangi of India provided an overview of the group's observations on behalf of the other participants. Next, Ramly Ali Aulia of Indonesia extended a simple greeting in Japanese and then talked about what he had learned about Japanese culture, customs, and spirituality, in addition to Japan's welfare policy. Ms. Kikuta asked what their favorite Japanese dish was and whether any unexpected events took place during their trip. Responding to the first question, Ali commented that the salmon roe bowl at Tsukiji Market was the most delicious. Answering Ms. Kikuta's second question, Eliza said that she had so much fun at karaoke, a form of entertainment that cannot be found in her home country, that she lost her voice the next day. When taking a group photo at the end, Ms. Kikuta smiled and chatted with each participant as she gave them her business card, making for a pleasant courtesy call from start to finish.

● Tokyo Toy Museum

An overview of the museum was first given by the museum's curator, Mr. Tada. Several of the staff specialized in areas similar to welfare were then introduced and after touching on the proximity between welfare activities and toys, four different toys were shown to the group. The first was a xylophone with each key made out of different materials. It was said that students from a school for the visually impaired loved that xylophone, and staff emphasized the fact that playing beautiful music using an instrument makes people feel happy no matter what country they are from. Next, staff introduced a toy that sounded like a whistle, explaining that they are considering ideas for effectively utilizing toys at homes for the elderly to promote smooth communication. It was said that toys could be used to arouse memories in elderly people, as elderly people suffering from dementia or mental illnesses suddenly become talkative after hearing that sound. The third toy was a toy created by disabled people. A total of 30 disabled persons work together to create the toy, with each person is in charge of a single process. The staff said that they would like to create chances for disabled persons to make toys by spreading this type of toy making activity. The last toy was a top that even a disabled person could spin, created by a toy maker in Kyoto. He added that the toy maker aims to create toys that can be enjoyed by the physically unimpaired and impaired alike. Lastly, two toy museum attendant volunteers, Mr. Ito and Mr. Yoshizawa, were introduced. The participants expressed particular interest in the toy created by Mr. Yoshizawa, "The Clicking Helicopter."

After the lecture, the participants were separated into two groups and given time to play with the toys on exhibit in the museum. Everyone looked like they were having a fun time, as some participants played with the bilboquets, some talked with the children that had come to play, and some played the instruments.



• The Japan Foundation Grant Program Briefing

As the participants enjoyed their boxed lunches, they received an explanation about grant programs from Ms. Yagi of the Japan Foundation. There were also given pamphlets with the same information. One participant asked whether it was possible to apply even in the case of a partner project with their own country and a non-Asian country, such as Canada.

• Final Group Presentations

The presentations of results started with a greeting by Visitacion Espinosa Apostol of the Philippines. First, a slideshow created by Surasak Kao-Iean of Thailand throughout the program was shown. He received much praise for the superb quality of the slideshow, but he modestly responded by saying that he had not done anything and it was simply the product of everyone's wonderful smiles. The following is a description of the ensuing presentations in order of occurrence.

1. <Camaraderie Group>

The four perspectives of the compass method were given the shape of a cherry blossom. Participant affixed sticky notes with keywords from Urakawa Town onto each of the flower's petals. "Survival skill" was set between nature and economy, "governance" was set between economy and society, "value" was set between society and welfare, and "health" was set between well-being and economy. A picture of a "door less house" was drawn as the core concept of the compass. It was said that this represented an openness that allowed for anyone to come and go as they wished.



When asked whether their scheme could be applied in the case of other countries as well, they answered that it could be applied but it would depend on what kinds of services are needed. This answer then led to discussion on whether the scheme could be applied to actual problems in other countries, and each member commented on what could be envisioned if the scheme were applied in the case of their own country. Also, when asked what the issues would be in the case of Bethel's, the team answered that the scheme should not conclude and issues specific to Bethel's alone, but to larger society as a whole.

2. <Bura Bura Group>

At the center of the compass was a fish that could point in any of the four directions, mirroring the organizational structure of Bethel's. The presentation gave a strong impression that they conducted an analysis by applying the internal structure of Bethel's to the compass, rather than simply analyzing the relationship between Bethel's and its surrounding environment. Most of the analysis was presented verbally.



3. <Maru Group>

A circle was drawn on the paper with east appearing the largest and then descending in size in the order of north, west, and then south. In other words, there was a strong relationship between east, west, and Bethel's, but not with west and south. Moreover, there was also an appropriate degree of critical thinking included in the presentation, such as in presenting the positive points as well as the doubts observed when viewing Bethel's from each of these perspectives. The concept at the center of the compass was

“wholeness”.

When asked how they would introduce the practices of Urakawa to the other regions in Japan, they answered that while this was an issue, it would be important to start gradually by introducing the concept to more accessible places, such as in self practice or the family, rather than immediately taking the concept to other groups or organizations.

4. <World Fish Group>

The central concept was “consciousness” (of disabled persons). The presentation used three sheets of paper to illustrate how the practices of Bethel’s could be used to alter the current situation in Japan.

When asked what other types of areas Bethel’s practices could be applied to, the group answered that the practices could be applied to foreign children or children with disabilities.

5. <Konbu Crusaders Group>

The central concept was “community”. The presentation was a deep yet easy to understand. They presented keywords that illuminated the relationship between the four perspectives and how the practices of Urakawa would spread throughout Japan and the rest of the world, making it evident that they had viewed the micro-level position of Bethel’s from a macro-level. Moreover, it was also interesting how they wrote “culture” where “society” was located. When asked about the difficulty of cultural understanding, they answered that it would be possible to overcome such difficulties to a certain degree if people could control their social stigmas.

6. <KoPSiT Group>

In addition to the four perspectives of the compass, an analysis was conducted from areas where adjacent perspectives overlap. In other words, this group’s analysis paid the most awareness to the concept of there being eight perspectives. The presentation shed light on the positive points of Bethel’s practices as well as the points that need improvement. The areas that needed the most improvement were south and southeast. North, East, and West were all excellent, but it was decided that South needed some improvement. This conclusion overlapped in some ways with the conclusion of the another group. The central concept was “balance”. The group said that it was important for the four perspectives to maintain a similar ratio of weight. Moreover, their group’s opinion of Bethel’s was that there would be significance in pursuing focused advocacy from the perspective of human rights for disabled persons.



Overall, some groups gave presentations while highlighting the mutually intersecting nature of the compass, not simply the four perspectives. Others touched on this in their presentation, but did not bring it up as a major keyword. Combining this with the all-inclusive keyword of a group, “wholeness”, it can be said that all participants

shared the understanding that each factor does not exist independently of the other, but in relationship to all others.

• Final Session by Professor Nagata

At the start of the session, Mr. Mukaiyachi's daughter, Mana Mukaiyachi gave her impression of the presentations as a guest, Professor Nagata proposed that "network" be included as a substitute from the N (nature) component of the compass. Next, Professor Nagata used PowerPoint to comment on the group presentations. First, he spoke of the importance of focusing on relationships when using the compass method while comparing this to Bateson's hand. He then emphasized Mr. Mukaiyachi's comment, "Patient-Led research was not a technique, but rather an attitude". Next, while again pointing out from Mr. Hiroi's lecture the concept of moving from a linear model to a problem-oriented model of thinking, he offered a message to the participants. He asked them to seek out innovative practices within their own countries and in consideration of their own countries' circumstances, and then think about what they can do themselves.

• Wrap-Up by the Japan Foundation

Lastly, the Japan Foundation informed the participants of the post-program report to be submitted after returning home and the deadline. There was also an explanation given on the follow-up project, where the Foundation asked that participants with initiatives or proposals to offer them. At the very end all of the participants sat in a circle and shared one sentence that summed up their most memorable experience from the trip.



• Farewell Reception

A reception was held with some national ambassadors and friendship association staff to provide a formal send-off to the group. After an opening greeting, Prof. Nagata started the reception with a toast. The participants reported on the content of the program and their impressions to the other guests. After the conversation each of the participants formally introduced themselves and Nguyen Nhu Mai Anh of Vietnam made a formal greeting on their behalf. Next, the participants presented the Japan Foundation with a poster with the words "thank you" written in each participant's mother language along with gifts from their country.

During the meal participants sang songs on the stage, played games, and made various different performances. Also, the slideshow made by Surasak Kao-Iean of Thailand, was shown again to share the moment of the program with the distinguished guests. Lastly, certificates were awarded to each of the participants, thus ending the reception.



(Original Japanese records by Naoko Yoshida)

Photos by

- The Japan Foundation
- Wataru Fujiwara
- Muhamad Khairul Anuar Bin Hussin
- Chitdavanh Chantharideth

日 報

2月27日(日)《東京：アジア会館》

オリエンテーション

冒頭、国際交流基金スタッフ紹介の後、プログラム手配に係るエスコートガイドと旅行手配業者日本通運の紹介があった。続いて同事業の招へい対象国(ASEAN+6)についての説明が座席の配置と共にされると、実施機関である国際交流基金の事業について動画でのブリーフィングがされた。

続いてJENESYS事業、そして今回参加者が招へいされた「JENESYS東アジア次世代リーダープログラム」の概要と特徴の説明がされた。その後、参加者26名は同プログラムに期待していることをふまえて自己紹介をし、最後にプログラムの円滑な遂行のためにチームとして参加者がすべきこと／すべきでないことのワークが行われた。

基調講演：プログラムアドバイザー永田教授

地球の危機的状況(温暖化、飢餓、食料自給率など)の背後には、経済偏重の社会のありかたが関係している。未来学者のアーヴィン・ラズロによれば、社会が持続可能な方向へ進むのか否かという歴史の分岐点に立つ我々には、今こそ必要な知恵 timely wisdom が求められている。鍵となるのはホリスティックな世界観である。ホリスティック・アプローチとは、3つの柱(経済・環境・社会)と、その柱を支える文化という要素を考慮に入れるものである。昨年のJENESYSプログラムESDグループでは、このホリスティック・アプローチに基づき、水俣や野崎島の事例を分析し考察を深めた。今年のJENESYSプログラム福祉グループでは、浦河「べてるの家」の実践を取り上げる。今回はコンパスメソッドを使って分析を進めたい。

コンパスメソッドとは、Nature-Society-Economy-Well-being、すなわちホリスティックアプローチの3つの柱に福祉を含めた4方向の視点から事例を分析する方法論である。

講義の最後にコンパスメソッドに基づいたアクティビティを行った。「北海道訪問に期待すること」を、各自付箋に記入してもらい、その内容をN/S/E/Wの4方面に分類した。

参加者プレゼンテーション

プレゼンテーションは、トップバッターをかってでたフィリピンのRichard Beniza de Villenaから始まった。過酷な環境にあった子ども時代、芸術活動を媒介にストリートチルドレンを支援する団体に出会ったことで自信を取り戻したという自身の経験を交えながら、現在関わっている活動の紹介を行った。続いてフィリピンのVisitacion Espinosa Apostolから、同国における障害者支援の概況と、弱者の立場に置かれた障害を持つ青年へのエンパワメントを目指す「Breaking Barriers for Children」の事例が紹介された。

シンガポールのHsu Yuh Wenからは、知的障害者の職業訓練教育、特にsoft skill習得の実際について報告があった。これに対し、対象者の知的障害者のIQ値について質問があり、50-70程度とのことであった。次にNg Chiu Liから、同国における障害者の現状と、国レベルでの支援状況、そして自身が関わるGrace Orchard Schoolの実践紹介があった。さらにLin Jingyiからは、経済成長を重視する政策と、それに呼応する就労支援

スキーム Workfare Income Supplement の紹介がなされた。国民はこうした政策をどう捉えているのかという質問があったが、非常にポピュラーなものと捉えているとの返答があった。

タイからは福祉政策についての発表があった。うち Surasak Kao-Iean は国レベル、すなわちトップダウンの施策を、一方 Bundith Punsiri はボトムアップの施策を紹介した。タイでの福祉政策は、中央政府から地方への権限移譲が進んでいるとのことである。タイでの SW の役割と「ユニバーサルデザイン」の語彙説明について質問があった。

ベトナムの Nguyen Nhu Mai Anh からは 精神疾患の若者の現況と、関係性の構築を目指す「from heart to heart」プロジェクトの説明がなされた。これに対し、パートナーシップ、プロジェクトの持続可能性について質問があったが、Vietnam では多くの NGO が活動しているため、そのネットワークを活用し、地域重視の実践を目指したい、との返答があった。Nguyen Thu Hien からは、政府・地域・家庭の各セクターにおけるベトナムの社会福祉の実践が紹介された。これに対し、SW の養成について質問があり、最近は大学でも養成コースが設けられているものの、やはり国レベルでの支援教育が必要である、との補足がなされた。

インドの Rituparna Sarangi からは、特にハンセン病患者の人権問題と、彼女が関わる笹川ハンセン病財団での実践の紹介があった。彼女は「リーダーは誰に対して責任を負うのか?」という言葉で、権威的で独裁的なリーダーシップ観の再考を主張した。続いて Boski Sharma は、障害者への法的支援は整備されつつあるが、それが机上の空論となっている点を指摘したのち、TAMANA スクールでの実践を紹介した。これに対し、ヨガセラピーの効用について質問があった。

オーストラリアの Eliza Clare Duggan からは、国の社会福祉の実践について紹介があった。フロアからは、オーストラリア政府が行っている income management の具体的な方法論や利用管理などに関して質問が集中した。次に Sarah Tracton は、写真資料を用いながら Art Access Australia の実践を紹介すると、外部サポートの状況について質問があった。

ニュージーランドの Kieran McHale は、精神疾患を持つ人々の雇用サポート Individual Placement and Support について説明した。これに対し、不安定なクライアントを勇気づける方法や、彼らが仕事を得た後のサポート体制等、就労支援の具体的方法に関して質問がなされた。

中国の Wei Zhang は、知的障害・精神疾患を持つ子どもの権利擁護に対する法的な問題点について言及した。政府は経済的支援を行っているものの、障害を持つ子どもの人権が侵害されているとのことである。このプレゼンテーションにはもっとも多くの質問が寄せられた。主として人権侵害の事実の国による情報統制の現実や、インターネットを利用することの功罪について意見があった。

韓国の Unkyung Lee は、韓国での福祉政策について報告を行った。韓国では、障害者に対する支援制度は概ね整備されてきているものの、依然として差別問題が残っている。そのため国は、NGO 等と協力して啓蒙活動やモニタリングを行っているとのことである。

日本の Wataru Fujiwara は、社会的弱者が置かれている複雑な社会的環境について報告した。国際交流基金の NPO フェローとしてニューヨークでのホームレス支援を研究した経験から、コミュニティの再生が鍵を握っていると考えており、手掛けたいとのこと。また Sachiyo Soga は、つながりを失った日本の福祉環境の現状と、「べてるの家」の概要を報告した。

インドネシアの Ramly Ali Aulia からは、同国の子ども支援について報告があった。子どもの権利擁護に基づく法的整備は進んだが、家族やコミュニティでの理解をさらに進めていく必要がある、とのことであった。フロアからは支援が必要な子どもに対するアプローチの方法について質問があった。また Nathanael E.J. Sumampouw からは、同国の保健事情、特に精神保健の分野に関する現状について報告を行った。

最後にラオスの Vonglatsamy Ratanavong からは、障害者支援の現状と、AAR Japan の実践について報告があった。

経済的な支援だけでなく、個々のクライアントのニーズに応じた支援の重要性やそのための実践例が多く報告された。特に就労支援を中心に、クライアントが社会とつながっていくための方法や、コミュニティ重視の視点について、参加者が高い関心を示していることが観察された。

2月28日(月)《東京 浦河》

参加者プレゼンテーション(続き)

ラオスのChitdavanh Chatharideth は、ラオス政府の福祉政策と今後の方向性について発表を行った。プレゼンの最後に彼女は、日本政府のラオスに対する経済的支援について感謝を述べていた。

マレーシアのChu Shi Weiからは、同国の障害者、特にLDへの支援に関する発表があった。また彼らの課題は、障害者に対する職業支援が就業につながらないことであるが、その問題に対して障害者によるソーシャルビジネスの事例が報告された。このとき多様性を意識した取組として、障害者が日本の織物技術を使って小物を作っている例が紹介された。これに対し地元のデザイナーと組むなどして商品づくりをしてはどうか、との提案があった。続いてMuhamad Khairul Anuar Bin Hussinからは、特別支援教育に関する政策と、その支援の対象外である(重複障害児など)ために教育を受けられない障害児を支援する新しい方法としてmobile educationの提案がなされた。これに対し、mobile educationにおける支援のプロセスの詳細を知りたいとの質問があり、ハンズオンで行われているとの回答があった。

ミャンマーのKi Lingからは、同国の福祉政策と課題が示された。続いてNan Mouk Sengからは、Kiの発表を補足するかたちで、障害者支援に関する具体的な政策事例が挙げられた。これに対し、障害児の就学状況に関して質問があると、大都市に住む障害児は学校に通っているが、地方在住者は地域はそうではないと回答した。

全員のプレゼンテーション終了後、洲崎文化事業部長がJENESYSプログラムの趣旨を確認したのち、日本の事例はプラットフォームにすぎないこと、重要なことはそれを下敷きにして自由に討議をすること、それぞれの国に帰っても相互交流を継続していくことの3点を強調した。

特別講師による基調講演：広井教授

冒頭広井先生からの「福祉とは何か?」という問いかけに対し、1人の参加者は低所得者層への経済的支援を、別の参加者は質の良い生活を送るための権利保障を挙げた。「福祉」とは①幸福感、②社会保障、③福祉サービスを含む広範な定義である。しかし経済成長と幸福感は必ずしも正の関係にない。所得が一定水準を超えると、所得が増えても生活満足度は上昇しないからである。経済成長は必ずしも幸福感につながらない。幸福度ランキングを見ても日本は低位である。

今の日本は高齢化が急速に進んでいる。その理由は長寿化と少子化である。日本の低い出生率は、生活費の高さや晩婚化に起因している。そのため社会保障費、特に年金負担額が増大している。一方社会サービス費はそれほど増えていない。そもそも日本の社会保障費は、欧州にくらべて相対的に低い。家族と終身雇用制度を維持する企業がセーフティネットになっていたからである。また、日本では社会的な孤立が進んでいる。その理由について、参加者の1人はネットの普及に伴う人間関係のバーチャル化によるものではないかと推測した。それも一つの要因であろうが、孤立化は若者に限った話ではなく、高齢者も同様である。両者に共通しているのは、家族や会社とのつながりが断たれていることになる。公的支援を受けている人の比率も90年以降上昇しているが、内訳は高齢者と就職難を抱える若年層となっている。

こうした現状を変えるためには、社会保障改革の方向性を検討する必要がある。すなわち、ライフコースの早い段階での支援(子育て支援、若者支援)や公的/私的レベルでの社会保障改革、そしてコミュニティ重視の

姿勢である。特に異世代間交流は重要である。例えば東京おもちゃ博物館での異世代感交流や、「おばあちゃんの新宿」巣鴨に見られる高齢者コミュニティなどはその好例であろう。つまり新たなケアのかたちが問われているのである。現代社会は、コミュニティや自然、スピリチュアリティとのつながりが失われている。その3要素と人間との直接的なつながりだけでなく、それぞれの要素を含む包括的なケアのありかたを模索することが求められている。

続いて2種類のDVDを視聴した。1つめは「高齢化社会の現実 ニュータウンはいま」は東京都多摩ニュータウンの一人暮らしの高齢者の生活を追ったもの。高齢者同士が助け合う道を模索する取組が紹介された。2つ目はソーシャルビジネスに関するもので、社会的起業を目指す大学のセミナーと、事例(自閉症児に対する訪問支援)が紹介された。講義の後参加者からあがった質疑は以下の通り。

- ▶ 社会的孤立に対するソーシャルワーカーの役割はどうなっているのか? 答: 狭義の社会サービスだけではなく、広範な視点を持つ必要がある。教育や環境の分野との統合も重要であり、psycho-socialの視点も重要である。
- ▶ 高齢者の子どもたちは?なぜ一緒に住まないのか? 答: 核家族化で家が小さいなど、一緒に住みたくても住めない状況もある。
- ▶ 高齢者が高齢者を支援しているという光景は、若者として恥ずかしく感じるのだが? 答: 文化的側面が大きい。日本も昔はそうだったが、そのような規範は弱くなってきている。一方、介護が長期化している現在、子どもたちだけで高齢の親を支援するのは難しくなっている。介護を家族だけに任せるのではなく、社会的なサポートが必要だろう。
- ▶ 高齢化のためにかかるコストは非常に大きいのではないかと? 答: 社会保障費に占める高齢者福祉に係る費用の割合は10%を占める。消費税の税率を上げる等の施策が検討されているが、いずれにせよ非常に切迫した課題である。

視察地事前ブリーフィング

参加者のニックネームを覚えるアクティビティを実施したのち、同日午後から移動する地方視察についてパワーポイントを用いてブリーフィングがあった。現代の日本社会の課題や現状(物質主義、高い自殺率など)を確認し、浦河町およびべてるの家の概要が紹介された。次にべてるの実践を知る上で鍵となる5つのワード(お客さん・弱さの情報公開・爆発・降りていく生き方)について説明があった。最後にwelfareまたはwell-beingと何か、または社会的弱者が居場所のあるコミュニティづくりといった視点を頭に置きながら、浦河町では実践者との情報交換を積極的に行って欲しいとの説明があった。

3月1日(火)《浦河1日目》

吉野福祉課長によるブリーフィング: 日本(浦河町)における福祉サービス

現代日本では、少子化と高齢化が進み、若い世代が高齢者を支えるという構造が崩れつつある。したがって少子化の進行をくいとめるため、安心して子育てできる環境づくりや子育て世代の支援を行っている。また、核家族化で高齢者介護ができない家族が増加していることから、介護保険制度による高齢者福祉サービスにも力をいれている。

子どもへの施策は子ども手当、児童扶養手当、出産費用(妊婦健診、乳児健診を含む)や、子どもが12歳になるまでの医療費助成などがある。

高齢者化の問題は、浦河でも65歳以上が25%以上を占めるなど、深刻な問題となっている。また核家族化で、家族がお年寄りの面倒をみられないため、お年寄りの一人ぐらしやお年寄り夫婦の二人暮らしが増えている。

施策としては、介護保険制度、自宅で受けるサービス（ホームヘルパー、通所のデイサービスセンター）、施設に入所して受けるサービス（特別養護老人ホーム、介護老人福祉施設）がある。また要介護度により利用できるサービス・料金が異なる。

障害福祉サービスについては、平成18年に障害者自立支援法が施行されたことの影響が大きい。障害者自立支援法では、身体障害・知的障害・精神障害が対象となっている。従来はそれぞれが別々の法律でサービスを受けていたが、それを統一してひとつの法律でカバーすることになった。ただし日本が一番遅れているのが、精神障害の部分であるが、その中であって「べてるの家」は日本でも先進的な活動をしている。障害者のサービスは国が50%、北海道が25%、浦河町が25%を支出している。そのほか自宅（あるいはホームヘルパー、デイサービス、ショートステイ）で受けるサービスや、施設で訓練を行うサービス（リハビリ、就労支援など）もある。さらに障害をもつ子どもを持つ親には特別児童扶養手当が支給される。なお障害者でも65歳以上になると介護保険サービスへ移行することになっている。障害者の就労訓練は、昔から存在しているものの、実際の就労につなげるのは難しいのが実情である。自活できるだけの収入になることは難しいため、長い間訓練をうけながら生活する人もたくさんいる。講義の後参加者からあがった質疑は以下の通り。

- ▶ 出生届は出されているが未婚の親の子ども、出生届が出されていない子ども等、さまざまなケースがあると思うが、その場合のサービス提供はどうなっているのか？答：日本の場合は出生届が出ていない場合というのはあまり多くない。もし届が出ていないことが分かり、支援を受けるべき状況にあると判断された場合は、仮の住民票を発行して、該当サービスを受けられるようにはしている。しかし、何らかのかたちで届け出がないとサービスを受けるのは難しい。
- ▶ 国は何人までの子どもをカバーしてくれるのか？答：日本は少子化でそんなに子どもをつくらない。まれに5人6人という人もいるが、すべて対象となる。
- ▶ 国の政策と地方行政のそれとの違いはあるのか。また孤児や虐待児に対して、介入するソーシャルワーカーはいるのか？答：子どもへの手当は国が行う制度を浦河でもそのままやっているが、障害福祉サービスや高齢者福祉サービスに関しては、人口が小さな地域では国が用意しているサービスを全部提供できないことがある。利用者が少ないため、費用だけがかかって効果がないからである。その場合、希望者にはそのサービスを受けられる大きな町に引っ越してもらうことになる。また家庭環境が厳しいところには、病院で活動しているソーシャルワーカーや町の担当職員が訪問するなど、関わりを持つようにしている。大事なことは、一対一で関わるのではなく、役場の職員や学校の先生やソーシャルワーカーなど、複数の人間で支援するようにしている。
- ▶ 産休期間はどれぐらいの長さか。また保育所には入れるのは何歳から？答：産休は事業所によって異なっている。通常出産の1か月前から出産後2、3カ月まで。その後は大きな事業所であれば育児休暇でカバーする場合もある。しかし浦河のような小さな事業所では、なかなか休暇がとれないため難しいこともある。保育所は0歳から。浦河では生後半年からだが、民間の保育所では生後2か月からあずかるところもある。小学校にあがる6歳まであずかってもらえる。
- ▶ 介護施設やホームにおいて、抑うつ状態や孤立感をかかえる高齢者に対して、何か娯楽に関するシステム、あるいはプログラムなどはないのか？答：老人のうつ病が多くなってきている。そのため相談を受け付けている。デイサービスでもいろんなレクリエーションや手先を動かすプログラムなどを提供している。加えて、地域ごとに老人クラブがあるため、そこへの活動資金を町がだして、クラブでの旅行・誕生会・温泉などで使ってもらっている。
- ▶ 福祉施策に対する評価はどう行っているのか？答：特にお年寄りに関してはいろいろな調査がある。また高齢者の状況を知るためのいろいろなアセスメントもやっている。ただしそれをすぐにサービスに反映することは難しい。その中でサービスを受けていない高齢者が、サービスを受けたがっていることを把握した場合

は、すぐに対応するようにしている。

- ▶ 税収は減っているはず。どう対応しているのか？ 答：浦河でも税収は減っている。福祉サービスはいったんはじめてしまうとずっと続くものなので、建物や道路建設のための費用を削って福祉にまわすようにしている。しかしそのために地域産業への支援が後手に回っているのが小さい町の問題でもある。
- ▶ 民間または地域のNPOは高齢者支援にどうかかわっているのか？ 答：民間部門ということでは、浦河にもボランティア団体がいくつかある。最低限の活動費は浦河町も補助している。例えば給食サービス（高齢者の家まで弁当を運ぶサービス）にボランティア団体が加わって声をかけるなど、定期的にお年寄りの家を回るようにしている。また、介護保険サービスを受けられない（要介護度が高くない）お年寄りで、同様のサービスを受けたい人に対してボランティアがそのサービスを提供する場合もある。
- ▶ 集会所での心理的なサポートの事例は？ 答：以前は、施設で暮らすことは年寄りにとってもさみしいものだった。ただ最近、家でひとりで暮らすよりは施設に入るほうがいい、という人もいる。施設には同じようなお年寄りがいて介護者もいる環境のほうが安心する、という場合もある。したがって施設に入るのが必ずしも不幸というわけではない。もちろん悩みがある場合は、介護者も医者もサポートする。ソーシャルワーカーのようなタイプの人には浦河にはあまりいないが。
- ▶ 若者は雇用の問題等もあって都市に出ていく。残された両親に対して町の対応は？ 答：若者が町をでていく、または夫婦が子どもをつくらない、という状況が日本全体で起きているからこそ介護保険制度ができた。子どもが親の面倒をみるのではなく制度で面倒をみるシステムへの移行である。しかし少子化のため、この制度を支える若者が減ってきており、若者ひとりひとりの負担が増えている。年金・健康保険制度も同様に苦しい状況にある。
- ▶ 障害者の夫婦の間に生まれた子どもに対するカウンセリングなどはあるのか？ また、障害者が結婚してはいけないという法律があるのか？ 答：特に確立されたサービスとしてはないが、障害を持っている人は専門の病院に通っているので、その中で医師や病院のソーシャルワーカーに相談している。障害者が結婚してはいけないという法律はない。この議題に対して参加者から共有された各国の状況は以下の通り。マレーシア：結婚はできるが 遺伝子学的なカウンセリングが必要とされる。シンガポール：いけないわけではないが、知的障害の場合は特に親が保護的になり、男女関係をもたせながらない。どうしても、というときでも、女の子の子宮をとってしまうなど避妊処置をしてしまうことがあるため、結婚は非常にレアケースである。オーストラリア：脳性まひを持ついとこが同じ障害を抱えた相手ともうすぐ結婚する。しかし10～15年前まではシンガポールでのようなケースもあった。シンガポール：避妊強制はかなり重症のケース。そこまでではないので誤解をしないでほしい。
- ▶ 20～30年前、障害者は地域で孤立していたと聞くと、今、彼らに対する市民の意識は高まっているのか？ 答：まだまだというのが正直なところ。ただ一緒に暮らせる障害者に対してはあたたかい目を向ける人も増えてきた。しかし精神障害を抱える人の場合は、調子が悪い時に暴力をふるうときなどもあるため、警察に連絡する地域の人もいて、トラブルになることもある。
- ▶ 法律の功罪について。自立支援法の施行による浦河でのメリットとデメリットは？ 答：障害者の「自立」を支援する、という方針の転換により、今まで施設で暮らしていた知的障害者であっても、軽度の場合は施設からさなければならなくなった。実際にはひとりで地域では暮らせないような場合でも。知的障害者の場合、肉体的には元気なこともあるが、その場合障害等級が低くでてしまうからである。これが3種類の障害をひとつの法律で管理してしまうことの弊害である。メリットは、障害者がみな同じサービスを受けられるようになったこと。昔から身体障害への支援は豊富だったが、精神障害者への対応は不足していた。しかし今は精神障害者も身体障害者と同じサービスが受けられるようになった。
- ▶ 浦河の社会福祉サービスの満足度は？ 答：浦河出身者は浦河で可能なサービスのレベルはこの程度、という

ことが分かっているが、外からやってきた人から、前の場所ではあったサービスがここではないのか、と不満を言う人はいる。また、高齢者のサービスは充実しているが、その分介護保険料はちょっと高めに支払わなければならない。そのため、サービスをうけていない高齢者から保険料が高いとの苦情があることもある。

- ▶ 福祉サービスを客観的に評価する方法はあるのか？ 答：定期的にやっているものとしては国がやっている世論調査。議会議員が地域の声を聞くことはある。また何年かに一度、町の福祉政策の見直しをするときに一部のの人に話を聞くこともある。しかし自分たちの取り組みを定期的に振りかえるということは特にやっていない。
- ▶ 国・地方・民間の間での予算の割合はどうなっているのか。また公共部門が福祉サービスを提供するときの課題は何か？ 答：福祉に係る予算については、基本的には国50%北海道25%浦河25%。これがだいたい事業の主な割合。若干だが浦河独自で行っているものもある。さらに北海道と浦河で行っているものもあるため、単純に計算するのは難しい。大前提としては利用者が1割負担で、残りの9割を国などが負担する。公共事業の場合は、民間が予算にかかわってくることはほとんどない。課題としては、一定のルールのなかでサービスを提供しなければならないため、対象になるかならないかのボーダーにある人が出てくること。

アイヌ文化理解・交流

堺町生活館内のホールにはアイヌの刺繍(タベストリー)や一行を歓迎する垂れ幕で装飾が施され、会場はアイヌ文化一色の雰囲気にもまれていた。浦河文化保存会長庄子さんからの挨拶、城野口さんの講話、アイヌ料理体験・レシピ紹介、昼食、ムックリ実演、アイヌの歌、アイヌ古式舞踊(収穫の喜びを踊りにしたもの)、ポロプセ、全員での踊りで約3時間のプログラムは構成された。

城野口さんの体験談は日本政府や倭人に対する怒りや憎しみの想いが伝わる内容であった。一方、台所では昆布を臼ですり潰したり、団子をこねたりとアイヌ料理体験ができた。焼き鮭、昆布フレーク、昆布だしの効いたかぼちゃサラダなどのアイヌ料理をいただいた。ムックリの鳴らし方を教わった後、多くの参加者がマイクの前で音を披露し、自然な流れで全員が会の方々と一緒に輪になって踊りを踊るはこびとなった。参加者からあがった質疑は以下の通り。

- ▶ 昔は差別がひどかったそうだが、現在では日本社会に統合されているように思っているか？ 答：大っぴらに差別されることは少なくなったが、いまでも内地の人は、「彼／彼女はアイヌだ」ということを、鼻を触るなどのサインで知らせあっている。差別がないとは言えない。人種差別は絶対消えていない。人種差別があるがために茨の道を強いられてきたのがアイヌである。140年前に本州から倭人が侵略してきたときから、言葉は日本語に変えられた。着るものや生活文化、ほとんどすべてを倭人に侵略された。今アイヌは、倭人と同じ生活をしているが、アイヌ民族本来の生活を取り戻すための努力をしている。
- ▶ 浦河町にはアイヌが560戸あるが、差別が厳しいためにそのうち140戸しかアイヌ協会に入っていない。本土にいけば差別がないということで浦河を出て行った人、夜逃げするように名古屋へいった若い者もいた。アイヌという言葉は「人間」という言葉でもあるのに、なぜ差別するのか、不思議ではない。差別ゆえにアイヌの若者も、結婚できない人がたくさんいる。
- ▶ アイヌの政治参加は？ 答：選挙のときだけはアイヌに精いっぱい力をつくすといいながら、当選したらほとんどなにもしない。倭人に強く言わないアイヌの性質もある。しかしこうなっている責任はどこにあるか。外国のほうから圧力をかけてもらってアイヌを認めたという経緯もある。政治家たちはアイヌのことをあまり考えていない。自分が子どもの時から考えたら少しは進展しているが、まだ不十分である。日本の政治家はもっと勉強してもらいたい。過去には参議院議員のなかに萱野さんというアイヌがいた。質問も通訳を伴いアイヌ語で行ったことで、少しだけだがアイヌ理解が進んだ。しかし萱野茂さんも亡くなられた。2008年に先住民として認められる前に、ウタリ協会の有識者懇談会で、アイヌの中から3人の国会議員をいれるこ

とを要望したが、却下された。アイヌは民族議席を求めているが、政府は認めていない。

べてるの家：オリエンテーション、カフェぶらぶら

1. 向谷地生良氏によるべてるの家ブリーフィング

日高地域は、経済的にも厳しく、町民の3割がアイヌ民族である。33年前向谷地氏がソーシャルワーカーとして仕事を始めた時は、浦河には多くの人がアルコール依存症や精神疾患を抱え、貧しい生活を送っていた。大きな困難を背負ってきた地域である。

日本の精神保健の現状としては、国民の40人に1人が精神疾患を抱え、自殺者は12年連続3万人を超えている。さらに自殺の増加の背景には精神疾患の可能性が指摘されている。日本ではまさに心の健康が危機的な状態にある。WHOが、疾患の政策的重要度の指標として用いる「健康・生活被害指標：DALY」を見ると、日本を含む先進国ではトップが精神疾患という状態である。今までは入院医療が政策の基本だった。病名も知らされずに薬だけが大量に処方されるなど、すべてにおいて情報不足だった。さらに精神科はいつも人手不足で、「三分診療」が当たり前の状態だった。

べてるの伊藤さんの経験によれば、伊藤さんは大学生のときに近所の女子高生が自分の悪く言っているのではないかという幻聴があったため、精神科にかかるように勧められた。しかしそう言われてから実際に精神科にかかるまでさらに2年を要した。自分が精神疾患を抱えていることを受け入れるのはそれぐらい困難なことなのである。

精神保健サービスは、当事者の生活全体を支えるサービスへと変わっていく必要がある。診療所で患者を待っているのではなく、出向いて行って障害者を支援したり、障害者の家族を支えるサービスを行うことが必要なのである。

べてるは、自助グループからスタートした。その後社会福祉法人として設立し、NPOも作った。2010年からは池袋で精神疾患を抱えるホームレスをサポートする「東京プロジェクト」も始動。資金はフランスのNPOが出してくれた。

昆布で起業を果たした早川潔さんは、浦河日赤病院で退院・入院を繰り返してきた。「3分しかもたないウルトラマン」であるため、自分たちは「長距離ランナーではなく短距離リレー」だという。短い時間を仲間とつないでいく、ということである。相手のペースに合わせて仕事をするから大変なのであって、自分たちのペースで仕事をするのが大事なので、病気を含めた個性を大事にしながら、いつでも休める仕事づくりをしている。恋愛も活発である。当事者同士が結婚・出産することで親子運動会ができるまでになった。そのほかパチンコでお金をすったり、離婚問題も起こる。べてるでも一般の社会と同じようなことが起こる。

べてるの松本清さんは、「統合失調症は友達ができる病気です」という。彼にとって幻聴は友達なのである。そのような病気の理解は当時としては非常にユニークだった。なぜなら幻聴は治療によって取り除かれるべきとされてきたからである。

こうした当事者研究は、地域にある身近な課題を地域の人で解決策を模索する試みでもある。そのコンセプト・標題が映画としても取り上げられている「降りていく生き方」の言葉が示すように、自分たちの身の丈にあったまちづくり・地域おこしを目指している。参加者からあがった質疑は以下の通り。

▶ 精神疾患については、生物学的なアプローチ、心理学的アプローチ、社会的アプローチ、精神的アプローチなどがあるが、べてるが依拠しているのはどのようなアプローチか。また、病院など競合施設がたくさんある中で、べてるではクライアントをどうやって募っていきこうとしているのか？答：大事な質問。アプローチに関する日本での一般的な共通理解としては、①適切な薬物療法、②認知行動療法的なアプローチによる生活技能訓練、③喪失感や挫折感から救出するためのサポート、④家族のサポートである。中でもべてるが重視してきたのは、患者がもつ力であり、セルフサポート活動である。実はセルフサポート活動が一番活発だっ

たのは70年代だった。しかし80年代から90年代は薬物療法が次第に幅をきかせるようになった。日本は薬物に過度に依存する傾向がある。薬の投与量は欧米比で5倍から10倍である。予算配分をみても、欧米では医療1に対し福祉が9の割合だが、日本では医療に99%が配分され、福祉には1%である。もちろん政府も気にはしているが、精神疾患を持った人の急増に追い付いていないのが現状である。だから当事者を中心とした活動が重要になってくるのである。べてるの人たちが飲んでいる薬は世界標準とほぼ同じである。病院の精神病棟のベッド数も130床から40床に減った。地域で暮らす基盤ができてきたと思われる。彼らのサポートには4人のピアサポーターが関わっている。

- ▶ べてるの家はグループホームというかたちになっているのか。また、べてるは教会からスタートとしたとのことだが、宗教との関わりはあるのか?答: もともとは教会の牧師さんの部屋を間借りしていた。その後独立。教会団体からの寄付を受けることはある。
- ▶ 病気をどうやってカテゴリー化しているのか?答: べてるで活動している仲間は、精神疾患、依存症、自傷行為、脳外傷、不登校、発達障害、人格障害などさまざま。一応病気のくくりはあるが、ミーティングをしてきた中では、彼らの生きにくさにつながる病気の根っこにあるものは共通しているのではないかと思うようになった。病名は違っても同じような生きにくさを抱えているという意味においては共通している。だから協力して活動ができるのではないか。
- ▶ べてる設立以来、患者で完全に回復した人、まだ回復していない人はどれぐらいいるのか?またべてるのモデルを日本の他の町でもやる、という可能性はあるのか?答: 統合失調症が10人いるとする。そのうち2人は通院なし投薬なしで暮らせるようになった。それを回復と考えていいのか。人間として充実した人生を送っているといえるのか。病気を持ったことで今まで考えられなかったような充実感を得る場合もある。
- ▶ 当事者研究に患者をどのように巻き込んでいるのか、また患者を活気づけられる要素は何か?答: その人が抱えている恐怖をしっかり受け止める。壁を叩いたり、隣の人に苦情を言ったり、110番したりすることも、その恐怖から逃れるためのその人なり的手段であることであることをまず認める。しかし壁を叩いてもその人の問題は解消しないことも共有する。そのうえで壁を叩くのではなく別の方法を探る、という作業を、我々は研究と呼んでいる。
- ▶ スクリーニングについて。最初にべてるにきた人を病院に連れていく必要があると考えたときにはどうしているのか。またべてるはリハビリセンターであると考えていいのか。その場合、どのような資格があればメンバーになれるのか。もし病気が回復したらべてるにいらなくなるのか?答: べてるの場合は、まずは病院に行って、そこから紹介されてべてるにくる場合が多いので、そういう意味では病院がスクリーニングをしているともいえる。べてるを利用したいという人も、結局治療と生活の両方をしてもらうことになるので、まずは病院へつなぐことになる。リハビリセンターなのか、という問いについては、べてるを単なる治療の場とするのではなく、このプロジェクトに参加したいというチャレンジ精神をもって参加してもらいたい、と考えているため、広い意味では地域リハビリテーションの一翼になっているとみることはできるかもしれない。しかしそれだけでは窮屈なので、NPOを設立したり、起業をしたりしている。リハビリの部分が多くする必要はない。その周辺部分でチャレンジできる場所をもっと広げていくことが大事である。①働くことの応援、②仲間とつながりながら住むことの応援、③集うことの応援、④地域をつくっていく応援、これらの「応援」がべてるに課せられた役割ではないかと考えている。

2. カフェ設立のお話、メンバー紹介

べてるの家の池松麻穂氏が店舗建設時の様子を撮影した動画を紹介し、べてるのメンバーの紹介が続けられた。メンバーによるピアノ演奏があり、JENESYS参加者は美味しいデザートとコーヒーをいただきながら、おしゃべりや音楽を楽しみくつろいだ時間を過ごした。

3月2日(水)《浦河2日目》

高齢者施設見学

1. 養護老人ホーム「ちのみの郷」視察

施設長から施設概要の説明と質疑応答ののち、全員で施設内の各所を見学した。「ちのみの郷」の定員は75人(男16女54)、スタッフはケアワーカー・ナース・調理員を含め33名とのことである。入所者の人々と直接ふれあう時間が設けられると、すでに認知症がはじまっているため、会話の継続が困難な入所者もいたものの、高齢者の方々の手に自分の手を重ね、微笑みながら傍らに寄り添ったり、視線を同じにして会話を試みていた。講義の後参加者からあがった質疑は以下の通り。

- ▶ 入所者の数は増えているのか?答:今のところ定員いっぱい。さらに入所判定会議があり、待機中なのが25人。待機者の数は特に増えてはいない。

2. 浦河町デイサービスセンター(在宅支援センター)視察

デイサービスに関する説明があったが、同日は21名が利用するとのことだった。一日の流れとして、朝迎いのバスに乗って施設にやってきましたら、まず看護師が血圧や体温を測定したのち入浴と昼食。2時過ぎぐらいまで昼寝をするなどゆっくりし、2時半ぐらいからリハビリをかねたレクリエーションを行ってから、3時50分ぐらいに自宅に送り届けられる。スタッフは、独居老人も多い環境から「たくさん笑ってもらうことを大事にしている」と語っていた。また自分でできることは自分でやってもらうにすることも心掛けているとのことだった。看護師1人も含め7人ほどの体制で行っているそうだが、お風呂は4人で介助しているとのことだった。

室内には、突発性難聴をかかえる通所の利用者が作ったという折り紙細工がいたるところに飾られていた。その緻密さと美しさに高い関心を示したメンバーも多く、何人かはおみやげとして譲ってもらっていた。参加者からあがった質疑は以下の通り。

- ▶ 利用料はどれぐらいか?また利用者の年齢規定は?答:利用料は1から5までの要介護度に応じて決まるが、概ね1000円(含食事代350円+入浴50円+送迎代)程度。これは介護保険料一割負担の利用者の場合の料金。利用できるのは原則65歳以上だが、若くても障害を持っていて介護認定を受けている場合は利用可能である。
- ▶ ここを利用するようになったきっかけは?答:基本的には利用者が自発的に、という場合は少ない。だいたい家族や担当職員やケアマネージャーと当事者との話の中で利用したらどうか、という話がきっかけになる。

身体障害者施設見学

1. 身体障害者療護施設「浦河わらしべ園」視察

大西施設長の案内により施設内を見学した。わらしべ園は24時間の介護を要する身体障害者の療護施設である。定員は50名で、現在男性27名・女性22名が生活している。18歳から65歳までの障害者を受け入れており、入所者の平均年齢56歳だが、障害の重度化・高齢化が進んでいるとのことだった。建物の中には、会議などのほか、面会に来た家族と入所者がゆったりと時間を過ごすことのできる「地域交流スペース」も設けられていた。参加者からあがった質疑は以下の通り。

- ▶ 入所者の家族は定期的に会いに来てるのか?答:北海道全域で入所してくる人がいる。日高管内で50%、あとはそれ以外の地域からの入所である。近場の人は毎日くる場合もあるが、まったく来ない場合もある。どちらかといえば家族と入所者が夫婦関係だと来ないケースが多い。

2. 乗馬療育レッスン

二人の利用者の乗馬療育の様子を見学した。栗毛の「あんず」の背に乗ったのは15歳の男の子である。緊張が

強く、股関節が開きにくい状態なので、その状態を和らげるためにレッスンを受けているとのこと。一方白い毛の「ケイティ」に乗ったのは、わらしべ園に一行が到着したときから、うれしそうに車いすの上で身体を揺らせながら出迎えてくれた入所者だった。我々が見ていることがうれしくてならないようで、手綱さばきを見せるたびに「どうですか?」と大きい声でこちらに呼び掛けていた。

その後、教室に入りスタッフから乗馬療育の説明を受けた。現在の利用者は4歳から90歳までさまざまだが、基本的には身障者(子ども+大人)に加えて、介護予防を兼ねて高齢者も利用している。馬は障害者も乗れるよう調教されている。子どもが乗馬する場合は、ゲームをとり入れるなどして、身体的な効果だけではなく教育的効果も狙っている。

欧米で乗馬療育はポピュラーである。しかし乗馬療育の場合、乗っている人の実感はあるのだが、それを数値化するのが難しいため、日本では普及しにくいのが現状である。そのため、具体的な効果についてデータを取りながら研究していきたいとのことだった。参加者からあがった質疑は以下の通り。

▶ 乗馬療法のメリットは? 答: 犬や猫なども含めて一般にアニマルセラピーという領域に乗馬療育も含まれるが、犬や猫と違い、馬は乗ることができるので、ダイレクトに動物に触れることができる点がメリットである。さらに馬の背は揺れるので、左右のバランスが良くなったり、骨盤に与える影響により立位・座位・歩行の姿勢がよくなる効果も期待できる。馬もおとなしくて人が好きで、寄り添ってくれる馬を選んでいる。馬の中には、訓練士には厳しくても障害者にはやさしい馬もいる。

べてるの家：生活の場視察

最初に「べてるセミナーハウス」に向かった。べてるが所有しているのは、法律により認可を受けているグループホームが4つと、認可を受けていない共同住居が5つである。民間のアパートで共同生活をしている人もいる。障害者自立支援法に基づき、入居条件は地域で共同生活を希望しており、かつ食事や服薬の支援が必要な人となっている。それぞれの住居で毎週1回ミーティングが行われるのが特徴的である。「べてるセミナーハウス」の建物の中にはグループホームと共同住居が一つずつ同じ屋根の下にある。

次に共同住居「リカハウス」を訪ねた。リカハウスはシニア向けの共同住居のため、バリアフリーである。居住者のひとりには、精神障害者が地域の人と暮らしていくためには、自分で自分の身を守らなければならない、という自覚から防災活動にも力を入れている、と語っていた。彼女は、べてるに来る前はうつ状態だったが、べてるに関わるようになってから仕事に就くことができたこと、また他者を干渉しすぎず付き合えるようになったと、交際できるようになったこと、それでも一日中顔をみなかった人にはドアを叩いて確認をしていることも述べた。それを受け、永田先生からは、幻聴や幻覚をなくそうとするのではなく、それをも含めた自分を肯定することや、「降りていく生き方」を体現するべてるの実践が現代社会に投げかけているメッセージについてコメントをした。

最後にグループホーム「フラワーハイツ」に住む3人の女性が話をしてくれた。ここには幻聴を見る人が多く住んでことから「幻聴の館」と言われている。しかし「幻聴さん」が来ても仲間が助けてくれる、という声や、問題だらけの住居ではあるがみんな仲が良いという話がでていた。

参加者からあがった質疑：べてるのメンバーになるために従うべきルール、権利と義務のようなものはあるのか? 答: べてるにはいろいろな人がいる。例えば3分しか集中力が持たない人もいる。そういう人は仕事中に調子が悪くなったら帰っていい、ということになっている。それを可能にするのが「弱さの情報公開」。それでつながりができていく。その意味では相談すること、正直になること、病院に行くこと、の3つは大切である。

3月3日(木)《浦河3日目》

乗馬療育レッスン体験

スタッフから馬の紹介と、乗馬時の注意が伝えられたあと、実際に馬に乗った。殆どの参加者が乗馬の大変は初めてであったが、特に怖がったりすることもなく、楽しそうに乗っていた。乗馬体験後も、乗馬のスタッフと会話する姿が見られた。高所恐怖症であったり、過去の辛い体験を克服した参加者もあった。

知的障害者施設(向陽園)見学

冒頭、施設側のあいさつと施設の概要があった。向陽園は知的障害者の自立支援施設である。ここでいう自立とは、本人に合った支援をする、という認識で運営されている。基本的には施設住居から地域へ、という方向で考えており、べてるや日赤病院などと協同して、障害者が地域で暮らしていくことをサポートしているとのことだった。水産物を加工する作業場では、鮭の燻製がふるまわれた。また木工所やグループホームも見学した。その後建物に戻り、若干の質疑応答の時間が設けられたあと、希望者はいくつかの木工製品を購入していた。おみやげとして、蹄鉄をいただいた。施設の障害者たちからあたたかく迎え入れてもらい、小さな交流がそこかしこで起こっていた。作業所で作られているものへの関心も高く、特に木工製品はほとんどの参加者が実際に手にとり、じっくりと眺める姿が見られた。参加者からあがった質疑は以下の通り。

- ▶ どんな状況にある知的障害者でも受け入れているのか?答: 知的はだれでも受け入れている。本人と保護者の希望を尊重して施設が選ばれている。
- ▶ コミュニティで生活するための訓練はやっているのか?答: 生活訓練・就労訓練の支援をしている。それが雇用につながる場合は少ないが季節的・短期的な実習に行くことはある。

べてるの家: 就労の場、支援の場、当事者研究ブリーフィング

1. 就労の場視察

ニューべてるは、種々の活動場に加え、グッズ作成や製品発送などを行っている。べてるの主力製品である昆布に関してスライドで説明があった。べてるでのグッズ売上に関し、2010年4月-2月期の総売上高は2500万円(うちニューべてる1700万円・カフェ500万円)とのことである。最近では起業やNPOの立ち上げも始まっている。最後に参加者は3つのグループに分かれて、さおり織・シール張り・昆布の袋詰の作業体験を行った。一部の参加者は刺繍を体験させてもらっていた。

2. 支援の場視察: 浦河赤十字病院

浦河赤十字病院内の医療相談室を訪問した。医療ソーシャルワーカーである高田氏と二人のべてるメンバーが紹介された。まず、浦河赤十字病院の概要について説明があった。この病院では、入院していたべてるのメンバーが地域で過ごすようになったためにベッド数を減らし、代わりに彼らのためのデイケアが始まった。

次に精神科デイケアで行われている取り組みが紹介された。ここではSSTに基づくケアがなされているが、それを実践する場としてカラオケはとても有効であるという。なぜならカラオケは、耳で音を聞き、歌詞を目で追い、それを頭で統合して歌うというふうに、感覚機能をフルに使う行為であり、かつ人前に立って歌を歌うことで自信を高めることができ、また他人の歌を聴く、順番を待つなど社会的スキルを実践できる場だからである。

また幻聴ミーティング(幻聴さんやお客さんの対処法)や上っ面ミーティング(気持ちと行動の分離を確認し報告)、デイケアメンバーの会(個人の体調・気分・苦労を順に話し、最後に「小さな希望」と語る)などの話し合いや、作業療法に関する説明があった。

参加者からあがった質疑:SSTの内容を記録しているのか。またそれを見直す機会はあるのか。答:記録は取っている。ここのSSTの特徴は、入院患者とデイケアのメンバーが合同で行う点にある。デイケアメンバーは入院患者の良いロールモデルになるため、非常に効果がある。

3. 当事者研究傍聴

冒頭向谷地氏が「当事者」という言葉の意味について言及した。べてるにおける「当事者」とは、「統合失調症や自分の病気という現実を、自分の大切な経験として自分の中に引き受ける自分の中のひとつの決断」である。それは「自分は自分の人生の主役になる」ことでもあるが、ほかの言語に訳すのは非常に難しいという。今まで精神疾患を抱える人々は、自分ではなすすべのない人、または全く無力な存在として見なされてきた。統合失調症の現実を周りが受け止めるだけであって、当人はその状況に影響力を与えることができなかった。しかし、自分の病気に関してもっとも良く知っている専門家は自分自身なのである。浦河はそうした自分の経験を地域に語っていこうという実践とのことである。

次にべてるの8人のメンバーの当事者研究の成果が報告された。それらに通低するのは、みんながそれぞれの生きづらさを抱えている、という経験をありのままに語り合うことで、その苦勞を受け容れるようになり、それによってコミュニケーションを取り戻す、とうことである。それを可能にするのが「弱さを絆に」という合言葉である。またそうして語ることができる別の側面として、浦河では処方される薬の量が少ない、ということも付け加えられた。ふつうはたくさんの薬をもらうと動けなくなってしまうのだが、少ないからこそ語ることができる、とあるメンバーは報告していた。「半分は医者が直したから半分はみんな直しなさい」とは浦河赤十字病院の川村先生の弁、とのこと。互いに語り合うことで、人とつながることの大切さが共有されていったのであろう。べてるの山内さんの、UFO研究の報告が場をなごませることに一役買っていた。参加者からあがった質疑は以下の通り。

▶ つらさを語る前提となる信頼構築のためのミーティングはやっているのか? 答: これまで、つらいことを話すことは逆にその人を追いこむ、と言われてきた。自分のつらさを思い出し、自分のバランスを失うと信じられてきたからである。しかし我々はまったく違うことをやり始めている。ひとりひとりの経験はとても大切なかけがえのない、社会にとってとても有用なものである、と認めれば、彼らは勇気を持って語り始めるのである。それが語り始めるときの基本的な考え方である。

▶ 次のステップとしてどういうこと(夢など)を考えているか? 答: 日本中または世界中が苦勞を分かち合える場所になること、つまりべてるが特別な場所でなくなるのがべてるのメンバーの共通の夢である。一つの方法として、日本中で行われている当事者研究をネットワークでつなぎ、データベース化することを考えている。そうすることで、いつでも過去の研究にアクセスできるようになれば、現行の当事者研究にとっても有用なのではないか。

その後、カフェぶらぶらに移動し、べてるのメンバーと参加者が自由に語り合う時間が設けられた。当事者研究を自分の国でも、と考えている参加者は、それがどうすれば可能になるのかということ、何とかして向谷地さんから聞き出そうとがんばっていた。最後には皆で歌を歌いながら、輪になって踊りはじめ盛り上がった。

3月4日(金)《浦河4日目》

べてるの家メンバーとの合同ワークショップ

べてるの池松さんから今日のワークの趣旨説明があったあと、当事者研究の方法について向谷地さんから解説があった。昨日、複数の参加者から当事者研究のマニュアルがほしいという話があった、というところから向谷地さんの説明は始まった。当事者研究は、さまざまな困難にぶつかったときに何がおきているかというこ

とを見極め、それをその人が感じている感覚でそれを解き明かしていく。そしてそういう困難に直面した時に私はどうそれに対応してきたかということを見極め、それが満足いくものであったかどうかを見極める。その満足度が低ければ、それに代わる新しいアイデアと一緒に考えていこう、というものである。つまり、当事者研究はマニュアルになじまないのである。ただひとつだけ大切にしてきたことは、どんな現実にも直面してもどんなことを抱え込んでも自分を否定せず、みんなで知恵を出し合って、前向きな試行錯誤を探り続けることである。変えられるものを変える勇気と、変えられないものを受け容れる謙虚さと、それを見極める賢さを持つ、という神学者の詩に通じるものがあるだろう。したがって、ここで紹介する当事者研究は、重い統合失調症を持った人々の間で始まったことだが、自分の生活に責任をもって前向きに生きていこうという人であれば、誰でもできるものだという事である。

ここで参加者から質問があった。障害を持つ人の中には、自分の葛藤を外にだせない人や話す能力が不足している人がいると思うが、そういう人が自分の苦勞を話せるようになるにはどうしたらいいのか、というものであった。それに対し、べてるの伊藤さんから自身の経験が語られた。そのメンバーによると、当時は自分だけが苦しい思いをしているのではないかと思っていた。しかし同じような体験をした仲間がいることを知り、そこで安心して話せる場があることを知ったことで、自分の苦勞を話せるようになった、と話してくれた。そこでべてるの伊藤さんの事例を使って、SSTの実践が紹介された。

次に参加者の一人から、自分が経験した苦勞と、それをどのように対処してきたのか、ということが語られた。この参加者は、親からの期待にこたえなければならぬというプレッシャーから自傷行為に至ったこともあったが、今はなんとか自分をコントロールして日常生活を送ることができている、と語った。その回復の道筋には二つの気づきがあったという。ひとつは、「他人を助ける」という仕事をする事で自分が助けられているということ、もうひとつは神の愛を信じられるようになり、それを家族や友人と分かち合えるようになったということである。さらにべてるのメンバーに出会えたことで、「私は一人ではない」ということを感じた、母国では一人ぼっちで、その気持ちを分かち合える場所がなかった、とのことである。その参加者の症状にべてるのメンバーから自己病名が授けられた。この語り手に対し、べてるの早川さんから、前に出てみようという勇気を持って、自分の経験を今日みんなの前で話してくれたことを心から感謝する、というコメントが贈られた。それを受け、その参加者からは、べてるのメンバーがまず私を支援してくれたから話すことができたのだ、と返した。

別の参加者は自分の苦勞の経験を通して得た回復のヒントという視点から、自身が関わっているドラマセラピーの効用を紹介した。ドラマセラピーは、例えば虐待、特に性的虐待を受けた子どもに有用であるという。なぜなら彼らは自分の経験を他人に話せないからである。この参加者によれば、自分自身の回復の道は、自分に対する自信を持つことにあったと語った。たとえ他の人から「You are good.」と言われても、そのことを自分自身が認めない限り、回復は難しいということである。

その後、いくつかの質疑応答のあと、永田先生が全体を振り返ってコメントをした。その中で、変えられることを変え、変えられないものを受け容れる、という冒頭の向谷地さんの引用を引き合いにだし、それを見極める知恵とは何なのかを考えてほしいという問いが参加者へ投げられた。

昨日参加者が、向谷地さんにではなく、自らの苦勞の経験を語ったべてるの語り手へ感謝の言葉を真っ先に述べていたが、今日も自分の経験を語った参加者に対してあたたかいまなざしが向けられていた。他者の苦勞の語りを尊び、感謝するという空気が自然に生まれていた。さらに自身の経験を語った参加者から、精神疾患は回復することはなく、日々それと向き合っていくことが大事だといった趣旨の発言があった。これはべてるの「苦勞を取り戻す」という理念に近いようであった。参加者からあがった質疑は以下の通り。

▶ これからのべてるの家の進め方、あるいは最終的にはどういうかたちで精神障害者を社会へ統合していくのか。それは例えば彼らが家族のもとに戻るということか?答:二つあると思う。ひとつはべてるに来たメンバー

がそれぞれの地域に戻ってそこでべてるのやり方を広めていくこと。ネットワークも日本中でひろがっている。一方でべてるは社会企業として事業を興しながら、社会的・経済的な活動に参加し、影響を及ぼしている。その営みの担い手になりたいという人もいる。最近はじめた池袋のホームレス支援に見られるように、浦河にいながらべてるの実践を発信することもできるだろう。

- ▶ これからのべてるの組織のビジョンは? 答: 障害を持つ人を支えるための仕組みはまだ試行錯誤の状態である。私たちの前向きなアイデアをどんどん政府に出していく責任があるだろう。そしてその活動は、障害者自身やその役割がより重んじられるシステムでなければならないと思う。

浦河振り返りセッション：永田教授

浦河4日間の振り返り(どこに行ったか、何をみたか、何をしたか)を行い、浦河で見たこと感じたことなど、もっとも印象を受けたものを一言で付箋に書かせ前方に張り出した。コンパスメソッドの概念を確認し、グループワークではこの概念を元に浦河町の分析を行うようにとの指示があった。

グループワーク1回目

6グループに分かれて、最終プレゼンテーションのためのブレインストーミングを行った。各テーブルで真剣な議論が繰り広げられた。その後、池松さんからの提案と、JENESYS参加者からの要望もあり、カフェぶらぶらへ移動してグループワークを続けた。議論の中で浮かび上がってきた疑問を解くために、べてるのスタッフに積極的に質問していた。ブレインストーミングでの議論や、カフェでの会話を聞いている限りでは、どちらかといえば彼らの関心は、当事者の物語よりも、べてるという組織の体制や障害者の経済状況など、非常に実践的な面に向けられているように感じた。彼らは、自国で同様の障害者と接したり、NPOに関わっており、個人が直面している具体的な現実を念頭に置きながら、べてるの話聞いていた。

浦河町交流会

7テーブルに分かれて席が用意されていたため、入口でくじを引き、各テーブルに分かれた。会場にはべてるのメンバーや向谷地ご夫妻もいらっしやっていた。会場にはお琴・お茶・お花・着物の着付けの各ブースが設置され、それぞれの場所で住民の方々が準備をされていた。中には、我々が訪問したデイケアセンターで働いていらっしやる方もいて、何人かのメンバーは日本語で話しかけられていた。また町の英会話サークルの方々が数名通訳として参加されていた。

最初に浦河町長があいさつに立ったあと、JENESYSを代表してタイのBundith Punsiriがあいさつをした。彼は浦河町での訪問先ひとつひとつについて感想を述べるとともに、浦河町民に対しても感謝の意を述べた。そしてここで得た経験を自国に持ち帰り、生かしていきたいと述べた。そして参加者がそれぞれの言語で「ありがとう」を書いた模造紙の寄せ書きを贈った。

次に今日協力していただいた浦河町民の紹介とJENESYS参加者の簡単な自己紹介を行った後、琴の演奏、食事となった。食事はどれも非常においしいものであった。

その後は日本文化体験ということで、各ブースでデモンストレーションがあった。中でも着付けのブースは大人気で、女性陣はもちろんのこと男性陣も着物を着せてもらい、たくさんの写真を撮っていた。最後に全員で円をつくり、浦河の盆踊りを踊ってお開きとなった。

みな非常に楽しそうに食事をし、着物を着て、お琴に挑戦していた。通訳する人間がそばにいないでも、地元の方々が手とり足とり教えてくださった。一方何人かの参加者はべてるのメンバーと名刺を交わし、互いのメールアドレスを交換していた。浦河町が町をあげて歓迎してくださった会であった。

3月5日(土)《浦河 東京》

ホテル出発の際、浦河町企画課長浅野様、アイヌ文化保存会の庄子会長が見送りに来て下さりお土産をいただいた。また講話をいただいた城野口様も駆けつけてくださった。4日間の滞在をした北海道浦河町をあとにし、一行は東京へ向かった。

3月6日(日)《日本文化体験：鎌倉》

バスに乗って鎌倉駅まで行った。途中、傘をかぶった富士山が見えた。車中、エスコートガイドが日本の社会事情や慣習について、写真やイラストを使って説明すると、皆興味深そうに聞いていた。鎌倉駅から長谷駅までは江ノ電を利用し日本の公共交通機関を体験した。長谷駅からは徒歩で高德院へ。通り沿いのお店を興味津々で眺める参加者もいた。長谷寺では入口で抹茶ソフトクリームをいただいたあと入山し、鎌倉大仏の前で集合写真を撮った。自由昼食の後徒歩で長谷寺へ向かい写経体験をした。初めて筆を持った者も、器用にこなしていた。その後浄妙寺にバスで向かい、日本庭園を眺めながら簡単なお茶体験をした。最後に訪れた鶴岡八幡宮では結婚式が行われていたため、ちょっとした文化紹介の場にもなっていた。1時間ほどの自由時間には八幡宮を参拝する者、喫茶店に行く者、おみやげを買う者など思い思いの時間を過ごしていた。帰りの車窓からは鎌倉のビーチと夕日が富士山に沈む瞬間を見ることができた。

3月7日(月)《東京》

グループワーク2回目：芝パークホテル

翌日(最終日)のスケジュール確認と注意事項が告げられた後、グループワーク開始の合図でディスカッションが始まった。みな真剣な面持ちで議論を重ねていたが、後半になるとお茶とお菓子を片手にリラックスした様子で模造紙上での作業を行っていた。最後に本番でのプレゼンテーションの進め方の指示があり、外務省へのアンケート記入をした。

3月8日(火)《東京》

外務省表敬

外務省の会議室に到着すると、時間通りに菊田政務官が入場された。菊田政務官からは日本の福祉政策の現状と課題、今後の展望に関する概要が述べられた。参加者を代表してインドのRituparna Sarangi が視察の概要を話した。続いてインドネシアのRamly Ali Aulia は日本語で簡単な挨拶をした後、日本の福祉政策だけではなく、日本人が持つ文化や習慣・精神性等についても学んだと成果を話した。政務官から「一番おいしかった日本料理は何か」、「ハプニングがあったか」、という二つの質問があった。前者に対しては、Aliが築地市場のイクラ丼を挙げ、後者に関してはElizaが自国にないカラオケを楽しみすぎたあまり、声がガラガラになったと答えた。最後に全員で写真撮影を行った際、政務官自身が笑顔で参加者ひとりひとりに声をかけながら名刺を渡されており、終始にこやかな雰囲気の表敬訪問となった。

東京おもちゃ美術館

冒頭館長の多田氏から美術館の概要の説明があった。スタッフの何人かは福祉に近い専門のもののいると導入され、福祉活動とおもちゃの近接性に触れたあと、4つのおもちゃが紹介された。ひとつはそれぞれの木鍵が

違う材質でできた木琴。その木琴に盲学校の学生が非常に喜んだことを引き合いに、楽器できれいな音楽を奏でると幸せに感じる、という感覚に国境はないという話があった。次に、汽笛のような音を発するおもちゃを紹介し、老人ホームでの円滑なコミュニケーションを促進するためにこのおもちゃの有効利用することを考えているという。この音を聞くことで認知症や心を病んだお年寄りが急に多弁になることから、おもちゃが彼らの思い出話を喚起する道具として使えるのではないかと考えているとのこと。三つ目は障害者がつくったおもちゃである。障害者はそれぞれひとつの工程だけを担当し、総勢30人の障害者の共同制作としてこのおもちゃはつくられる。こうしたおもちゃの作成を広げることで、障害者がおもちゃをつくるチャンスをつくりたいとのことである。最後に紹介されたのは、京都のおもちゃ職人がつくった、障害者でも独楽が回せるおもちゃである。同氏は、我々は健常者も障害者も両方楽しめるおもちゃづくりを目指していると付け加えた。最後におもちゃの説明をする「おもちゃ学芸員」ボランティアの伊藤さんと吉沢さんが紹介された。吉沢さんが開発した「がりがりとんぼ」というおもちゃに、参加者は特に興味を示していた。

レクチャーのあと、二つのグループに分かれて、館内に展示しているおもちゃに触れる時間が設けられた。けんだまに挑戦する者、遊びに来ていた子どもに話かける者、楽器を叩く者等、皆楽しそうにおもちゃと戯れていた。

国際交流基金助成プログラムブリーフ

お弁当を食べながら、国際交流基金の八木さんから助成金プログラムについて説明があった。参加者には同内容が記載されたパンフレットが配られた。参加者からは、例えばカナダなどアジア外の国々と自国とのパートナーシップ事業であっても申請ができるのか、という質問があった。

グループ別成果発表

フィリピンの Visitacion Espinosa Apostol の挨拶により成果発表が始まった。冒頭、プログラムを通してタイの Surasak Kao-Iean が作成したスライドショーが上映された。素晴らしい出来栄に賛辞を贈られた本人は、自分は何もしていない、みんなの笑顔でできたものだと答えていた。以下、発表順とその内容である。

1. <カマラダリーグループ>

コンパスメソッドの4つの視点を桜の花に模し、各視点(各花びら)毎に、参加者が浦河町で得たキーワードを書きだした付箋を模造紙に張っていく方法で発表した。Nature と Economy の間に「Survival skill」、Economy と Society の間に「governance」、Society と Welfare の間に「value」、W と E の間に「health」を配置していた。Compass の中心概念として描かれたのは「ドアのない家」の絵。誰でも出入り可能な開放性の象徴であるとのこと。彼らの図式は他の国にも適用可能なのか、という質問に対しては、その国でどんなサービスが求められているかによるが、基本的には可であろうと返答した。この答えは、実際問題自国で適用可能か、という話に発展したため、メンバーが今回の図式を自国にあてはめた場合に想定されることについてそれぞれコメントした。また、べてるの課題は何か、という質問に対しては、べてるの中だけで完結するのではなく、もっと社会をまきこんでいくことではないかと答えていた。

2. <ブラブラグループ>

コンパスの中心に、4方位どちらにも向くことができる魚、つまりべてるという組織を置いていた。べてると周辺環境との関係性というよりも、べてる内部の構造をコンパスにあてはめて分析した、という印象の強い発表であった。配布された資料をよく分析していることが伺えた。

3. <マルグループ>

4つの視点のなかでも、Eを一番大きく、N、W、Sの順番に小さくなるように模造紙上に円を書き(つまりEやNとべてるとの関係性が強いが、WやSはそれほどではないということ)、さらにそれぞれの視点からべてる

を眺めた場合の肯定的な点と疑問点の両方を示すなど、批判的思考も相応に含まれた発表であった。中心をつかさどる概念は「Wholeness」であった。

浦河の実践を日本の他の地域にどうやって紹介していくのか、という質問に対し、それは課題であるとしながらも、べてるの実践をいきなり団体や組織に持ち込むのではなく、まずは自分自身、あるいは自分の家族、といった身近なところから少しずつ始めることが大切ではないか、と答えていた。

4. <ワールドフィッシュグループ>

中心概念は(障害者に対する)「Consciousness」。三枚の模造紙を使い、日本の現状がべてるの実践を媒介にどのように変容可能なのか、といった視点からの発表であった。

べてるの実践は他のどのような領域に応用可能だと考えられるか、という問いには、外国人児童や障害を持つ児童に対して応用できるのではないか、という意見がでた。

5. <昆布十字軍グループ>

中心概念は「Community」。模造紙をみれば一目瞭然でわかる非常にすっきりとした、それでいて奥の深い表を提示していた。4つの視点同士の関係性や浦河の実践が日本、そして世界に向かって広がる際のキーワードも明示されており、べてるというミクロな実践をマクロ的にも捉えるというスタンスが明確であった。またSocietyの場所にCultureと書いてあったのも印象的であった。フロアからは文化的理解の難しさを問われたが、それもスティグマをコントロールすることである程度は克服可能ではないか、と答えていた。

6. <コップシットグループ>

Compassの4つの視点に加え、それらが隣接する視点が重なりあう領域からの分析、つまり8つの視点からの分析をもっとも意識していたグループであった。その8つの視点から、べてるの実践の評価できる点と改善すべき点の両方を提示していた。改善点が集中して挙がっていたのがSとSEの領域であった。N・E・Wの面では優れているが、Sの面からみるとやや改善が必要、という結論は、他グループの結論にも重なるところがある。中心概念は「Balance」。4つの領域が同じような重みづけで維持されることが大切であると述べていた。またべてるの実践に対するグループの意見として、障害者の人権という視点により焦点化するアドボカシーとしての意義・役割もあるのではないかと、このコメントが付け加えられた。

全体を通して、コンパスの4つの視点だけではなく、相互が交わる領域にも意識を向けて発表したグループ、発表の中では触れていたがキーワードが用いられることがなかったグループとに分かれた。すべてを包含する「wholeness」というキーワードが出ていたことも考え合わせれば、各要素がそれ自身単独で存在するのではなく他の要素とのつながりのなかで息づいているということは、参加者全員に共有されていたようだった。

アドバイザー永田教授による振り返り

セッションの冒頭、今日のゲストの向谷地氏の娘さんがプレゼンテーションの感想を述べた後、Compassの要素Natureの代替として「Network」という言葉を提案した。

次に永田教授がパワーポイントを使いながら、先のグループプレゼンテーションについてコメントした。まずCompass methodの使い方について、ベイトソンの手のたとえに触れながら、「関係性」に目を向けることの重要性が説かれた。さらに向谷地氏の「当事者研究は技術ではなく態度である」というコメント、また広井先生の講演内容の中から、線型ではなく場中心(課題中心)型の思考への移行、という言葉が再提示しながら、参加者に向けてメッセージが投げられた。それは、各国における各々の状況下で何が革新的な実践となるのかを見極め、そこで自分は何ができるのかを模索してほしいということであった。

基金ラップアップ

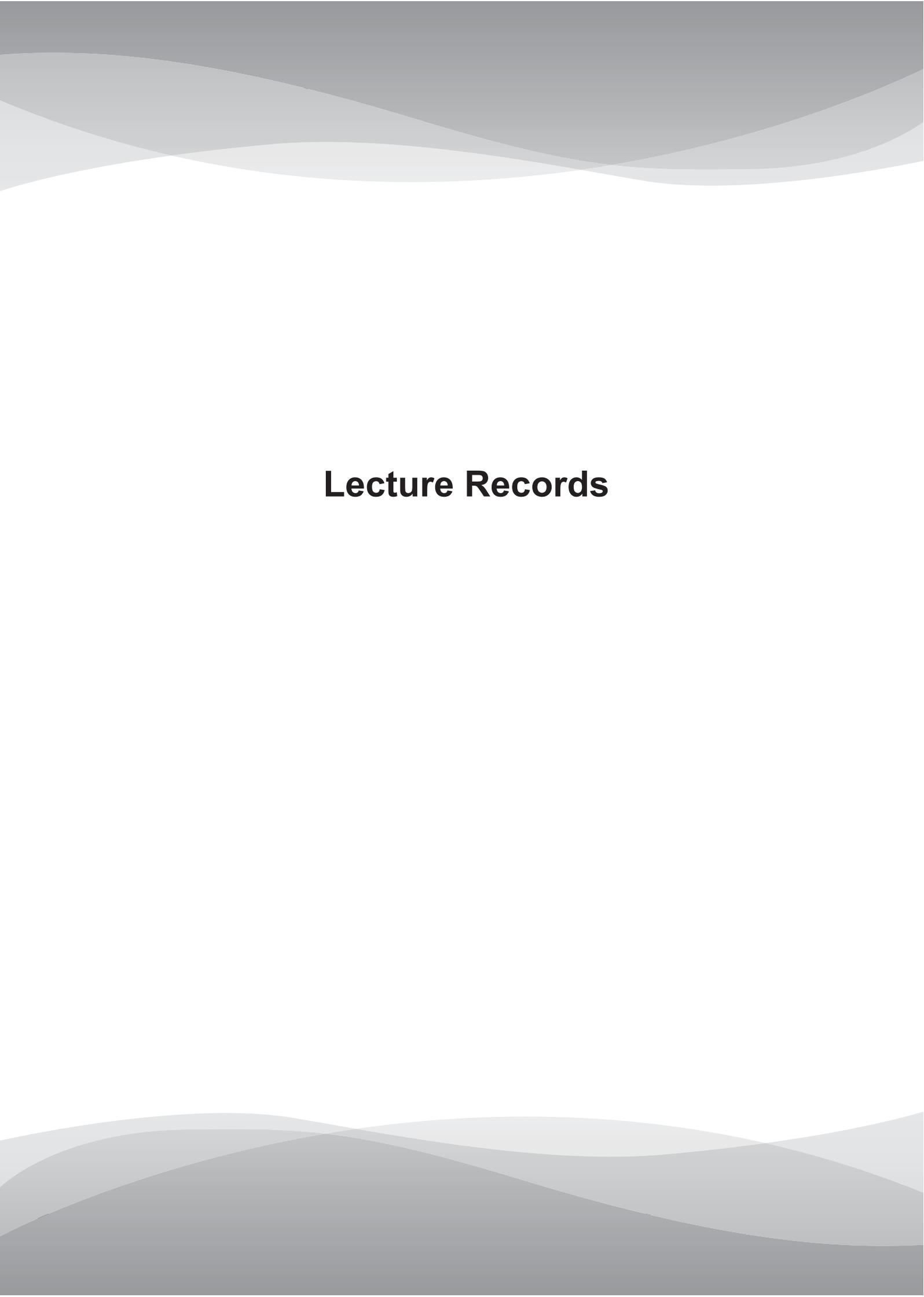
最後に基金から帰国後に参加者が提出する課題の内容と締切り日について連絡があった。併せてフォローアップ事業について説明があり、イニチアチブや提案のある者は事前に申し出るよう依頼があった。最後に全員が一つの輪になって座り、「今回最も心に残ったこと」というテーマで一言共有を行った。

歓送レセプション

各国の大使や友好協会の方々をお迎えしての歓送レセプションが締めくくりとして開かれた。開会のあいさつのうち、永田教授の乾杯の音頭で会はスタートした。参加者は自国の来賓客に対し、今回のプログラムの内容とそこで感じたこと等を報告していた。しばしそうした歓談の時間が持たれたあと、参加者の自己紹介、代表としてベトナムのNguyen Nhu Mai Anhの挨拶があった。次に国際交流基金に対して、参加者から各国の言語で書かれた「ありがとう」の寄せ書きと各国からのお土産が贈られた。

食事の間も、壇上で参加者が歌を歌ったり、手遊びしたりと、種々のパフォーマンスを見せてくれた。午後の最終プレゼンテーションの際にお披露目となったタイのSurasak Kao-Ieanの編集による動画がこの会場でも上映された。最後に参加者ひとりひとりにCertificationが授与され、会はお開きとなった。

(文責：吉田直子)

The page features decorative wavy lines in shades of gray at the top and bottom. The top section consists of three overlapping, downward-curving bands. The bottom section consists of three overlapping, upward-curving bands. The central area is a plain white background.

Lecture Records

Program Advisor / プログラムアドバイザー



Yoshiyuki NAGATA / 永田 佳之

Associate Professor, Ph. D., Department of Education, University of the Sacred Heart, Tokyo
聖心女子大学 教育学科准教授

EDUCATION

- Master's Degree in Education, International Christian University, Tokyo
- PhD in Education, International Christian University, Tokyo

PROFESSIONAL EXPERIENCE

- 1995-2001: Researcher, Section for International Cooperation in Education, National Institute for Educational Research (NIER) of Japan
- 2001-2007: Senior Researcher, Department of Research Planning and Development / Department of International Research and Co-operation, National Institute for Educational Policy Research (NIER) of Japan
- 2003-2004: Visiting Scholar of the Flinders University International Institute of Education (FUIIE), Adelaide, Australia
- 2007-Present: Associate Professor, University of the Sacred Heart, Tokyo, Japan.

RECENT PUBLICATIONS (English Publication Only)

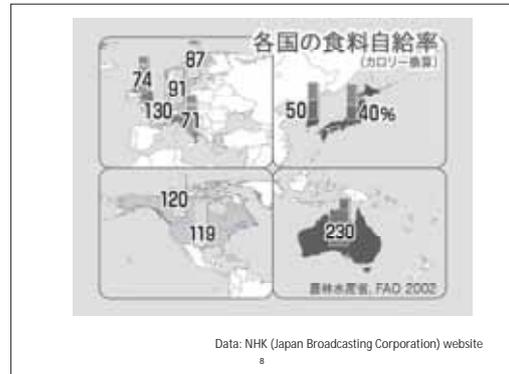
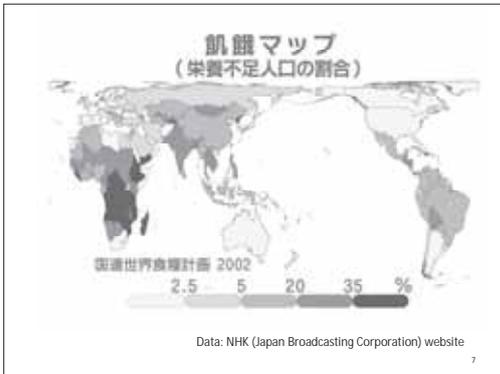
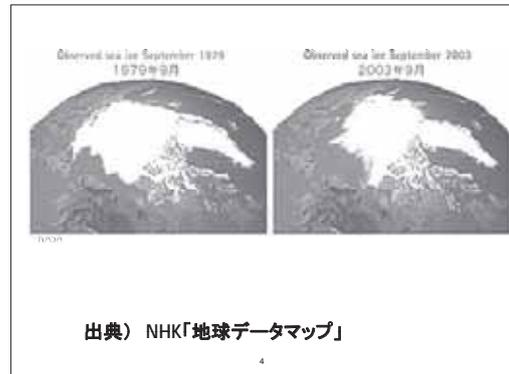
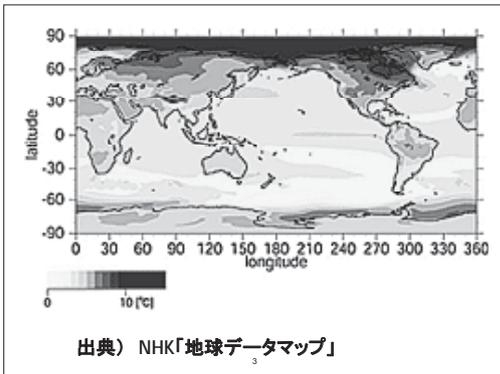
- Report of the Planning Research for International Study Meetings on Education for Sustainable Development in Asia and the Pacific. (Research-in-Grant Report by the Japan Society for the Promotion of Science. (No. 18633010). 2007. <http://groups.google.com/group/Education4SD>
- Roots and Wings: Fostering Education for Sustainable Development ? Holistic Approaches towards ESD - : Final Report of International Workshops and Symposium: Holistic Approaches towards Education for Sustainable Development (ESD): Nurturing "Connectedness" in Asia and the Pacific in an Era of Globalization. Japan Holistic Education Society / Asia/Pacific Cultural Centre for UNESCO (ACCU). 2007. (Eds.: Y. Nagata and J. Teasdale)
- "Analysis of "HOPE" Evaluation Approach Survey Questionnaire Results and Key Issues." In: Empowering People through Evaluation for a Sustainable Future - Final Report on the "HOPE" Evaluation Mission on the ACCU-UNESCO Asia-Pacific Innovation Programme for Education for Sustainable Development. Asia/Pacific Cultural Centre for UNESCO (ACCU). 2009. pp. 109-167.
- Tales of HOPE II: Innovative Grassroots Approaches to Education for Sustainable Development (ESD) in Asia and the Pacific. (ed.). ACCU (Asia/Pacific Cultural Centre for UNESCO), pp. 1-191. 2009.

教育学博士。1995年、国立教育研究所（現 国立教育政策研究所）内のユネスコ共同センター職員としてユネスコ等との国際事業にたずさわる。2007年より聖心女子大学にて持続可能な開発のための教育（ESD）や国際理解教育などを教える。日本国際理解教育学会理事、開発教育評議会、日本ホリスティック教育協会常任運営委員、フリースペース「たまりば」理事などを務める。専門は、国際理解教育、国際教育協力、持続可能な開発のための教育（ESD）、ホリスティック教育論など。同時多発テロ事件後の国際理解教育のあり方を論じた論文、「国際理解教育をとらえ直す：グローバリゼーション時代における国際理解教育の再構築に向けて」にて、第29回「国際理解教育賞最優秀賞」を授賞。著書は『国際教育協力を志す人のために：平和・共生の再構築へ』（学文社）『持続可能な教育社会をつくる：環境・開発・スピリチュアリティ』（せせらぎ出版）『オルタナティブ教育：国際比較に見る21世紀の学校づくり』（新評論）『持続可能な教育と文化：深化する環太平洋のESD』（せせらぎ出版）『「私なら、こう変える！」20年後からの教育改革』（共著：ほんの木）、『未来をつくる教育ESD：持続可能な未来をめざして』（共著：明石書店）など。

Wholesome Development
- Holistic approaches
for a Balanced View of Our World -

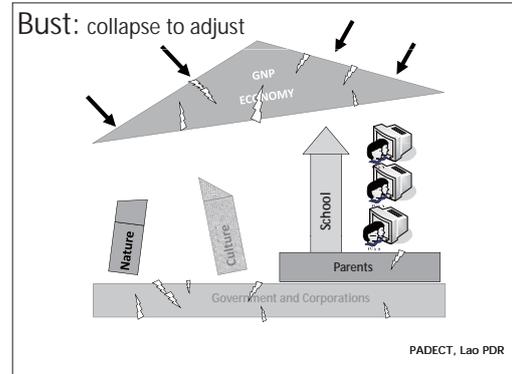
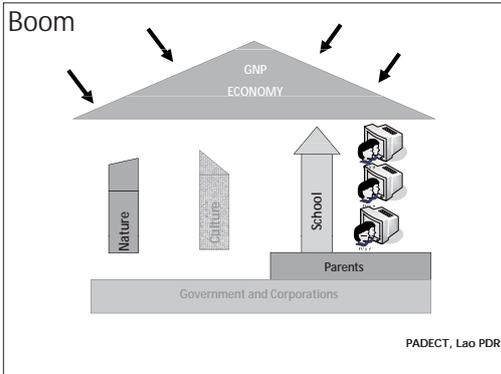
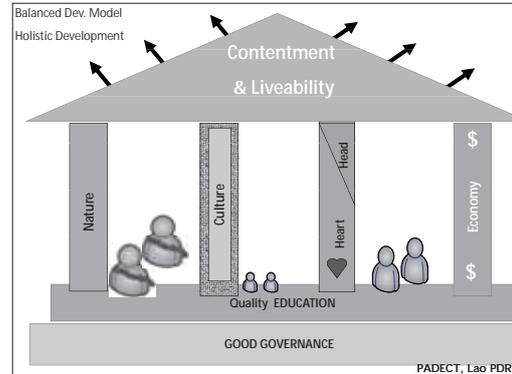
Yoshiyuki NAGATA
Univ. of the Sacred Heart, Tokyo

Days of 'Great Divergence'



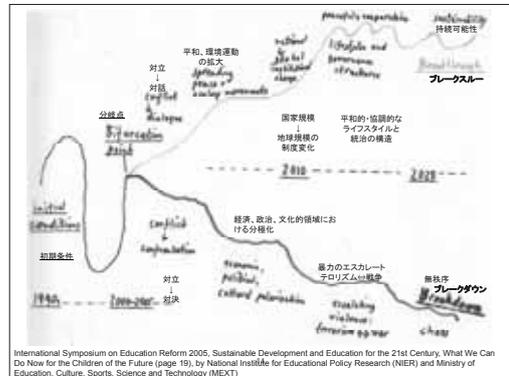
An Era of Uncertainty

- Climate change
- Global Warming
- Economic crisis
- Biodiversity Loss
- Natural disaster
- Infectious diseases
- Food security
-



A Futurist's Prediction

- We are now living at a bifurcation point
- Breakdown or Breakthrough?
- Holistic View or ways of thinking



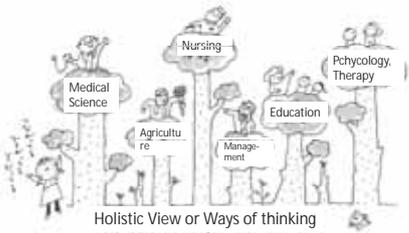
Holistic View of the World



Holistic Values

- Speed → Slow
- Competition → Collaboration
- Fragmented thinking ⇒ Systems thinking
- Mechanistic view ⇒ Ecological view
- Top-down control ⇒ Bottom-up process
- Material Affluence → Spiritual Richness
- Mechanical View → Humane/Life-Centred View
- Monoculture → Diversity
- Monopoly → Sharing
- Results → Process

Holistic Approaches in Various Areas



日本ホリスティック教育協会『つながりのちから』

JENESYS 2010

Minamata

Goto Islands



Survey, Sharing and Creation in a Local Village



Innovation in Ecology



Goto Islands



Nozaki Island (Desert Island)



Drifting Garbage on Seashore





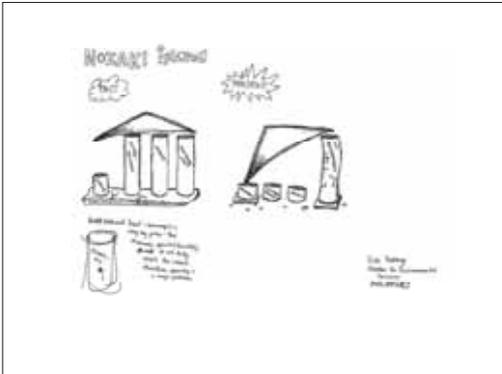
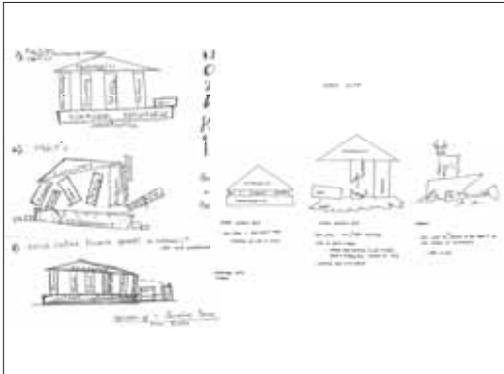
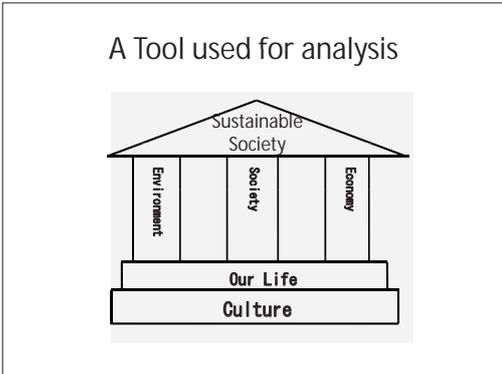
Contemplation in a church

What caused environment devastation?

What is Good Governance?

What have we lost after the rapid economic growth?

Learning Community



JENESYS 2011 in HOKKAIDO

JENESYS 2011

Connectedness in JENESYS 2011



Magic Words of Bethel's House

- Patient-led Research
- Disclosure of Weaknesses
- 'On Your Own, Together'

In Urakawa ...

- ▶ Questions :
 - What is your first impression of Urakawa?
 - What is QOL in Urakawa?
 - Why is it so qualitative?
- ▶ Approaches:
 - Holistic Approaches
 - ▶ Methodology:
 - Compass Method

The Sustainability Compass

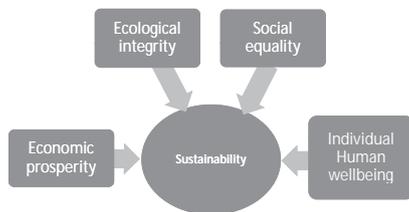


Four fundamental aspects of a life in the 21st century
A tool for assessing our present situation and setting direction towards living and learning more sustainably

It helps students and schools look at their community from different viewpoints in order to learn, make decisions and take action in sustainable ways where they live.

A tool to integrate sustainability into all areas of school life

Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010



Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

The Sustainability Compass



Four fundamental aspects of a life in the 21st century
A tool for assessing our present situation and setting direction towards living and learning more sustainably

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A tool to integrate sustainability into all areas of school life

Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

The Compass of Sustainability

The Compass of Sustainability uses the four directions of the Compass (N, E, S, W) to reflect four fully interdependent dimensions of life:

- (N - Nature) - The natural systems on which all life depends; healthy air, water, land; sustainable resource use; sufficient habitat; preservation of scenic beauty;
- (E - Economy) The economic systems that provide humanity with goods, services, and meaningful work; includes revenue, jobs and wages, budgets, taxes, markets, etc;
- (S = Society) The social and cultural systems that provide cohesion, identity, security and freedom; cultural traditions; legal frameworks
- (W = Wellbeing) - The health, happiness, and quality of life for individual people and their families

Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

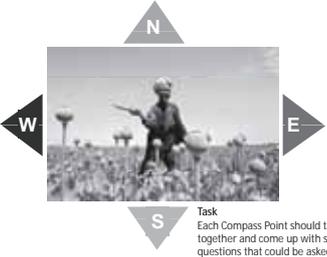
Compass Exercise



Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

Compass Education

Compass Exercise



Task
Each Compass Point should talk together and come up with some questions that could be asked about this photo and its context from your Compass Point perspective

Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

The Compass as metaphor ...



- ... provides a simple, clear, integrated and comprehensive structure for sustainability learning,
- ... provides a platform for the sustainable management of schools as institutions that actively model the behavior we seek to develop.

Robert Steele. 'Thinking Sustainability...A Habit of Mind'. 2010

What is your expectation?

END

Yoshiyuki NAGATA

Special Lecturer / 特別講師



Yoshinori HIROI / 広井 良典

Professor, Faculty of Law and Economics, Chiba University

千葉大学 法経学部教授

EDUCATION

- Bachelor of Arts, University of Tokyo
- Master of Arts, University of Tokyo

PROFESSIONAL EXPERIENCE

- Ministry of Health and Welfare (1986-1996), where he was involved in the policy making of health and social policy. After serving as Deputy Director, Rehabilitation Division, Social Services Bureau of Ministry of Health and Welfare.
- Chiba University (1996-present). teaching public policy.
- Visiting scholar at the Department of Political Science of Massachusetts Institute of Technology (2001-2002)
- Returned to Chiba University again in 2003.

He served as a member of many committees of the Japanese government including Ministry of Health and Welfare and Ministry of Environment. He was a member of the Committee for the Revival of Education, advisory body to Prime Minister in 2009. He is a member of the committee on brain sciences of Ministry of Education since 2006 and also a member of the committee on social protection of Japan International Cooperation Agency (JICA) since 2005.

RECENT PUBLICATIONS (In Japanese Publication)

- Rethinking on Caring (1997)
- Social Security of Japan (1999)
- Steady-state Society (2001)
- Sustainable Welfare Society (2006)
- Rethinking on Community (2009) etc.

He received Japan Economist Award in 2000 and Osaragi Award in social sciences in 2010

1984年東京大学教養学部卒業（科学史・科学哲学専攻）。同大学院修士課程修了後、厚生省勤務をへて96年より千葉大学法経学部助教授、2003年より同教授。2001年—02年マサチューセッツ工科大学客員研究員。社会保障、医療、環境等に関する政策研究から、ケア、死生観、時間等の主題をめぐる哲学的考察まで、幅広い活動を行っている。

主な著書に『日本の社会保障』『定常型社会——新しい「豊かさ」の構想』（以上岩波新書）、『持続可能な福祉社会』『死生観を問いなおす』『ケアを問いなおす』（以上ちくま新書）、『生命の政治学——福祉国家・エコロジー・生命倫理』『グローバル定常型社会』（以上岩波書店）、『ケア学』（医学書院）、『「環境と福祉」の統合』（編著、有斐閣）等多数。『日本の社会保障』でエコノミスト賞、『コミュニティを問いなおす』（ちくま新書、2009年）で大仏次郎論壇賞受賞。

Welfare, Care and Community in Contemporary Japan

Yoshinori HIROI
Chiba University
hiroi@le.chiba-u.ac.jp

Contents

- Introduction: What is Welfare?
- 1. Recent Trends surrounding Social Security (or Social Policy) in Japan
- 2. Importance of Community
- 3. Developments of New Forms of Care : Integrations of Community, Nature and Spirituality
- 4. Towards Sustainable Welfare Societies in Asia

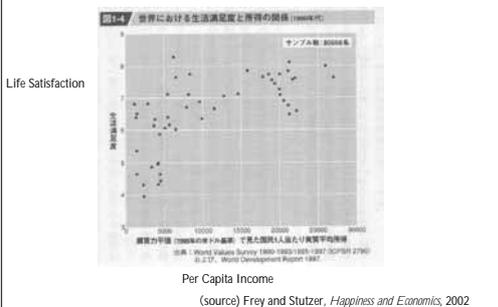
- Appendix . Overview and Characteristics of Major Areas of Social Security in Japan & its Historic Development

Introduction: What is Welfare?

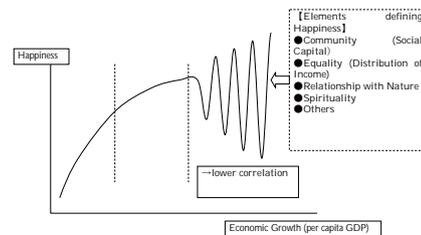
Meaning of “Welfare” from broad to narrow

- 1) Happiness
- 2) Social Security (Social Protection)
- 3) Social Services (or Social Care)

Relationship of Economic Growth and Happiness (Life Satisfaction) in the World



Economic Growth and Happiness or Well-being (Hypothetical pattern)



Various Happiness “Rankings”

- | | |
|-----------------------|------------------|
| ■ 1. Denmark | ■ 1. Denmark |
| ■ 2. Puerto Rico | ■ 2. Switzerland |
| ■ 3. Columbia | ■ 3. Austria |
| ■ 4. Iceland | ■ 4. Iceland |
| ■ 5. Northern Ireland | ■ 5. Bahama |
| ■ 6. Ireland | ■ 6. Finland |
| ■ 7. Switzerland | ■ 7. Sweden |
| ■ 8. Netherland | ■ 8. Butan |
| ■ 9. Canada | ■ 9. Brunei |
| ■ 10. Austria | ■ 10. Canada |
| ■ 43. Japan | ■ 90. Japan |

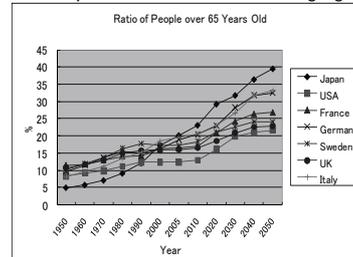
World Values Survey (Michigan University) World map of Happiness (Leicester University)

1. Recent Trends surrounding Social Security (or Social Policy) in Japan

Rapid Aging in Japan

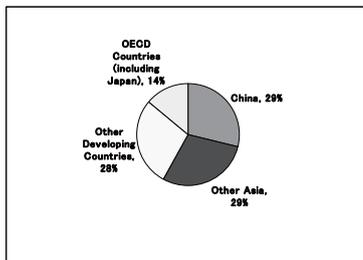
Ratio of People over 65 years old
 7.1%(1970)
 ↓
 12.1%(1990)
 ↓
 23.1%(2010)
 ↓
 31.3%(2030)
 ↓
 39.6% (2050)

Rapid Aging in Japan and International Comparison —Japan as a “front runner” in Aging—



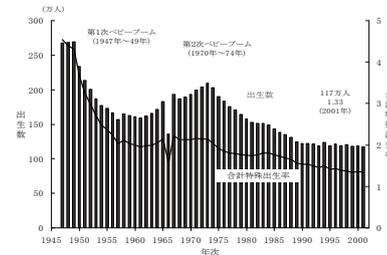
(source) adapted from the data of Ministry of Health, Labour and Welfare

Global Aging Increase of People over 60years old by 2030



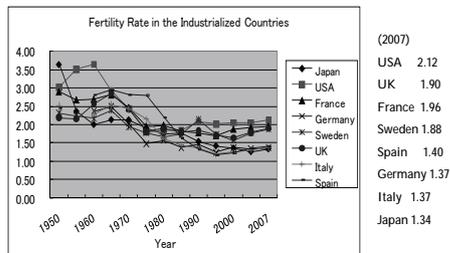
(Source) World Bank, *Averting the Old Age Crisis*, 1994

Decline of Fertility rate in Japan (1.37 in 2008)



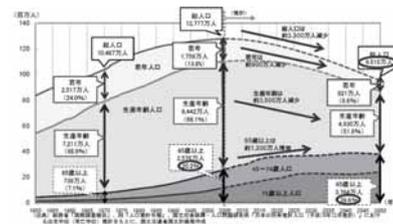
(source) adapted from the data of Ministry of Health, Labour and Welfare

Trend of Fertility rate in Industrialized Countries

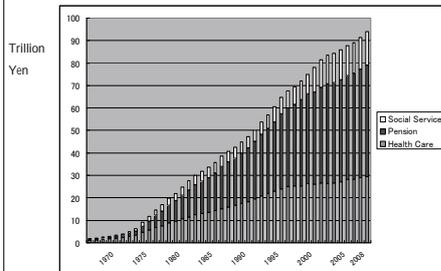


(source) adapted from the data of Ministry of Health, Labour and Welfare

Population Decline population in Japan declining since 2005



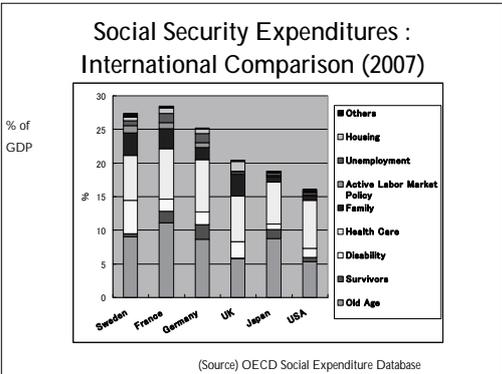
Trend of Social Security Expenditures in Japan



(source) adapted from the data of Ministry of Health, Labour and Welfare

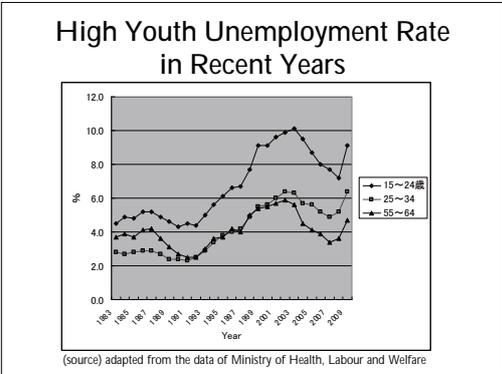
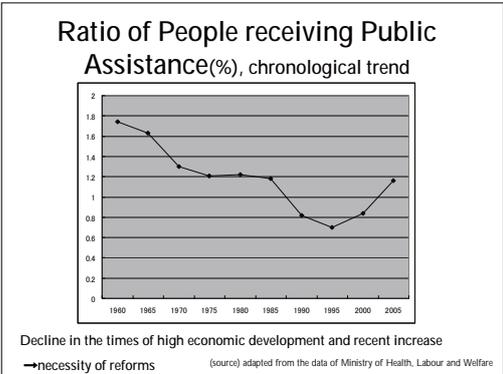
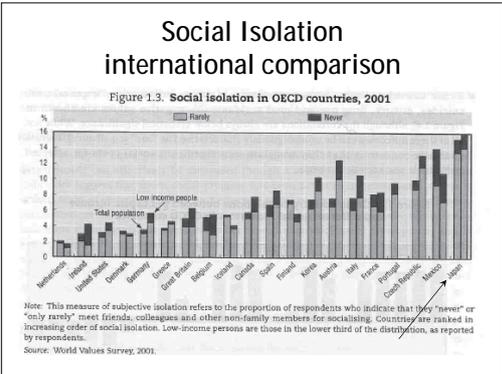
Composition of Social Security in Japan

Year	Health Care	Pension	Social Service (Social Welfare)
1970	58.9%	24.3%	16.8%
1980	43.3	42.2	14.5
1990	38.9	50.9	10.2
2000	33.3	52.7	14.0
2008	31.5	52.7	15.9



New Environments surrounding Social Security of Japan

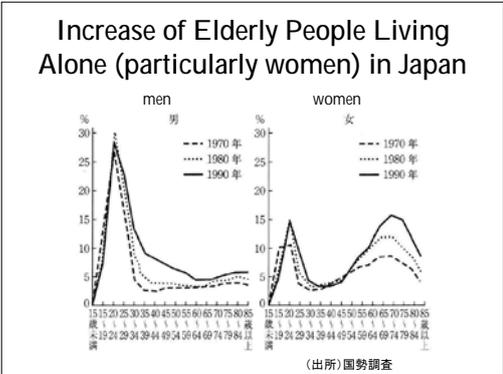
- Low Economic Growth & Rapid Speed of Aging plus Lower Fertility
- "Individualization" of Society
 - A) Fluid or Unstable Employment
 - B) Increase of Working Women and Diversification of Family Structure
- → Reorganization of Social Safety Nets are necessary
ex. Active labor Policies, Support for Childcare, Support for Young People etc.



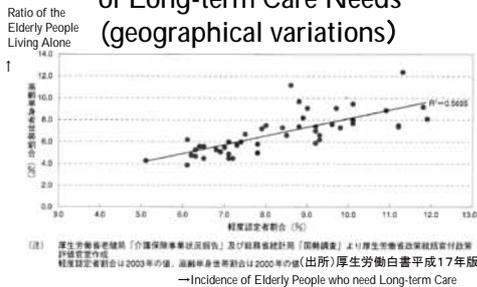
Directions of Social Security Reforms in Japan

- 1. Importance of Support at the early stage of life-course
 - Support for Childcare and Family
 - Support for Young people
- 2. Rearrangements of the Public-Private Mix of Social Security
 - More on Social Services and Health Care
 - Basic Income Support should be Strengthened
- 3. Importance of Community

2. Importance of Community



Relationship of the Ratio of Elderly People Living Alone and the Incidence of Long-term Care Needs (geographical variations)



- Importance of Community Relationship
- Effective as "Prevention" of Long-term Care
- Inter-generational Relationship is one of the significant elements
- ←"Three Generation Model of the Human Beings"

Integrated Care of Elderly people and Children (ex.1 Nagakusa Day Care Center in Aichi Prefecture)



Integrated Care of Elderly people and Children (ex.2 Nisseki-En Care Homes in Chiba Prefecture ("Toy Museums" open to surrounding Community))

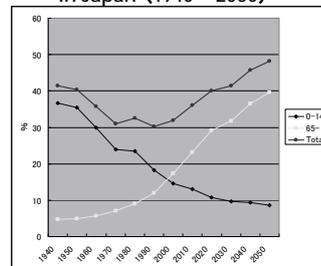


Importance of Community Space friendly for Elderly People



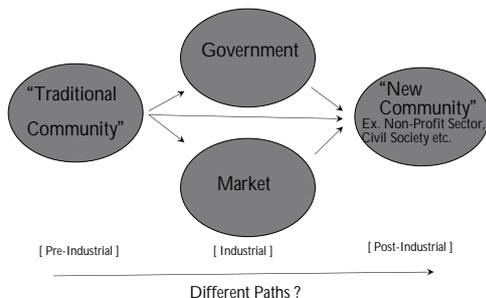
Sugamo Shopping Street known as "Harajuku (famous shopping district for young people) for Grandma"

Chronological Change of the Ratio of Children & Elderly People among the Total Population in Japan (1940—2050)



(注) 子どもは15歳未満、高齢者は65歳以上。(出所)2000年までは国勢調査、2010年以降は「日本の将来推計人口」(平成18年12月推計)。

Evolution of the Relationship of Community, Government and Market



Developments of "Social Business"

- Business to solve the various social problems
- Rise in recent years (240 billion yen in 2008) and is expected to grow
- Active in the areas of community building, social services, education and environment etc.
- Many of them are small-scaled → Agenda in finance and sustainability

3. Developments of New Forms of Care: Integrations of Community, Nature and Spirituality

Developments of research projects by our group

- 1) “Integrated Care of elderly people and children” (1998-1999)
 - combines the care for the elderly and care for the children (ex. Toy museums in the care homes for the elderly)
 - possibility of care which is open to community
- 2) “Care which incorporates the interaction with nature” (1999-2000)
- 3) Comprehensive Care which includes the elements of Community, Natural Environment and Spirituality (2002-present)

The Tentative Concept of “Spirituality of Nature”

- In the higher and systematized forms of religion such as Christianity or Buddhism, spirituality is likely to be thought of as an idealized and abstract concept.
- But in the more traditional or indigenous worldviews including Shinto in Japan, Spirituality is closely related to, or even identical with, nature.
 - ex. “eight million gods of nature”
- Applicability of this kind of viewpoint to the various areas of care

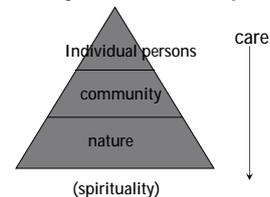
Attention to Shinto Shrines / Buddhist Temples and Natural Environments as Social Resources in contemporary Japan

- Important resources, but have been largely forgotten in postwar Japan, particularly in the times of high economic growth
- These resources have big potentials for care which includes the elements of community, nature and spirituality
- Our research group found various examples and picked up 4 interesting cases which utilize these sites in unique ways

The Evolution of the Concept of “Care”

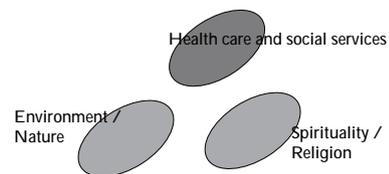
- (1) “Biomedical Model”
 - presupposes “linear” causality between causes of diseases and diseases as results
- (2) “Quality of Life Model”
 - pays attention to the overall life quality of individuals
 - effective in the context of care for the elderly
- (3) Model of Care which incorporate not only individual persons but also the elements of community, environment and spirituality

Conceptual Model : Relationship of Individual persons, Community, Nature and Spirituality



- “Care” can be defined as an activity which combines the individual persons to the dimensions of community, nature and spirituality

Three Areas which have relationship with “Care”



- These three areas have often been independent and separate
- But can we combine these three areas and realize new forms of care?

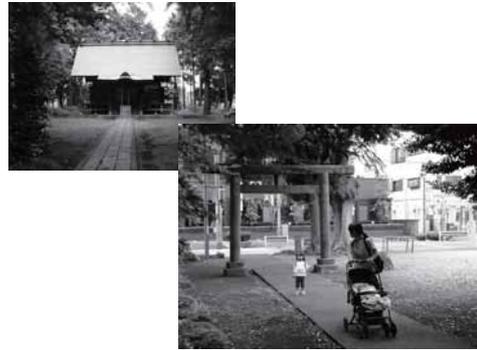
Four interesting cases

- “Play Center Picasso” (Tokyo)
- “NPO Chinju no Mori” (NPO: Grove of Village Shrine) (Tokyo)
- “Minuma Tanbo Welfare Farmland” (Saitama)
- “Honen-in” Temple (Kyoto)



**Play Center Picasso
in Kokubunji city,
Tokyo**

Community Childcare
which utilizes the sites of Shinto
Shrine

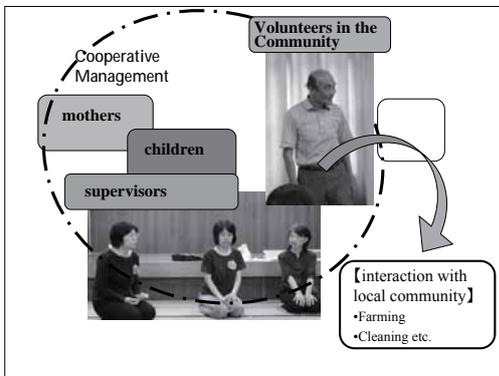


かつて教室だった室内は、広さ40畳。

History of “Play Center”

- 〈New Zealand〉
- 1940s beginnings of community childcare
- 1948 Establishment of New Zealand Association of Play Center (education policy, guidelines for facilities etc.)
- Managed by parents in the community
- Importance attached to voluntary “play” of children

- 〈Japan〉
- 2000 Establishment of Japan Association of Play Center (provides courses for supervisors)
- 2002 Start of “Play Center Picasso” in Kokubunji



小麦粉粘土

歌にあわせて舞うクラゲ



**“NPO Chinju no Mori”
(NPO: Grove of Village
Shrine) (Tokyo)**

Activities which try to revive
the Grove of Shrine in
contemporary Japan and
connect them to care



NPO Chinju no Mori: playing the folklore in shrines or schools in local cities

Activities of “NPO Chinju no Mori” (NPO: Grove of Village Shrine)

- To rediscover the significance of the grove of Shinto Shrines which have been neglected in the period of high economic growth in Japan
- To pay particular attention to their ecological aspects and meanings for community
- Major activities:
 - 1) rediscover the folklore in rural areas in Japan, and play them in shrines or schools in local cities etc.
 - 2) charity concerts in Shinto shrines which aim at the restoration of natural environments
 - 3) starting a research project which combine the grove of Shinto shrines and Hospice care

“Minuma Tanbo Welfare Farmland” (Saitama)

Fusion of environment conservation activities and welfare



Evolution of “Minuma Tanbo Welfare Farmland”

- 1986: mentally handicapped people and their families started agricultural activities in Minuma, Saitama prefecture
- 1998: Saitama local government started the restoration of Minuma Tanbo (rice paddy) because of their significance in case of flood
- 1999: “Minuma Tanbo Welfare Farmland” opened
- ...interesting combination of agricultural/environmental conservation activities and welfare (eight groups of mentally handicapped people)



Evolution of “Minuma Tanbo Welfare Farmland” (continued)

- 2001: voluntary groups of young people joined and “Minuma School of Wind” started
- Besides agricultural activities, the school began the environmental education programs for elementary school children
- Community activities with farmers in the neighborhood
- Effects of inter-generational communications

“Honen-in” Temple (Kyoto)

Temple which is a base of community open to surrounding environments and public



Developments of the activities of “Honen-in” Temple

- 1984: Shinsho Kajita became the Head of the “Honen-in” Temple ,
- he tried to redefine the roles of Buddhist Temples in Japan which tend to be “closed” only to the registered families (Danka) in the neighborhood, and felt the necessity to make them more “open” to communities
- 1986 : started the “Forest School” for environmental education
- 1993 : opened the “Tomo-iki Do (Symbiosis building) for environmental conservation activities
- Hosting many exhibitions, concerts, symposium, etc.
- Trying to combine the environmental conservation activities and the teachings of Honen



“Tomo-iki Do” (Symbiosis building)



Internal Space of Honen-in Temple for various community activities

Implications from 4 cases

- Doing various care activities which utilize cultural/ spiritual heritages and natural environments
- Reviving the potentially significant and interesting sites (such as Shinto Shrines, farmlands, etc) which have been neglected in the period of high economic growth and urbanizations in postwar Japan
- Participation of various generations and the importance of inter-generational communications
- Significance of daily activities and continuity, and the conscious efforts for community building

Future Agenda

- Rediscovery and revitalization of cultural/ spiritual sites and natural environments, while paying attention to their potential for various “care” activities
- Education and Inter-communications of different areas of 1)health and social services, 2)environment and 3)religion.
- Creation of various activity programs
- Policy supports for NPOs and various organizations

Possibility of “Chinju-no-mori (Grove of Village Shrines), Buddhist Temple, Welfare and Environment Network” (or “Welfare, Environment and Spirituality Network”)

- Number of Shinto shrines and Buddhist temples in Japan
 - *Shinto shrines 81,000
 - *Buddhist temples 86,000
 - cf. number of junior high schools apx.10,000
 - valuable social resources
- Potentially significant sites for various care activities which incorporate the elements of spirituality and community

(appendix)

Three Dimensions of Spirituality in Japan

- A. Shinto or animistic view of nature
 - “spirituality of nature”
 - continuity of life and death
 - concrete images of spirituality (“eight million gods in nature”)
- B. Buddhism (6th century~) and Christianity (16th century~)
 - idealized or conceptualized forms of death and spirituality (ex. Eternity, nirvana, etc.)
 - discontinuity between life and death
 - transcendence from nature
- C. “materialistic” worldview
 - death as nothingness
 - denial of spirituality
 - very strong in the period of high economic growth

4. Towards Sustainable Welfare Societies in Asia

“Sustainable Welfare Society”

- A society where quality of life of individuals and distributional justice are realized in a sustainable manner for a long period of time under the finite natural resources and environments
- Integrations of welfare policy and environmental policy are critical.

Welfare, Environment and Economy

	Issues or Function	Objective
Welfare	Distribution of Wealth	Equity (Equality, Justice)
Environment	Total Volume of Wealth	Sustainability
Economy	Production of Wealth	Efficiency

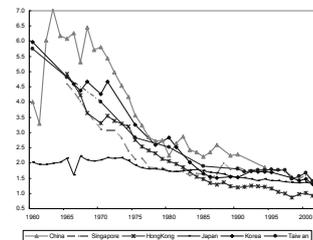
Market, Government and Community and their Relationship with Welfare and Environment



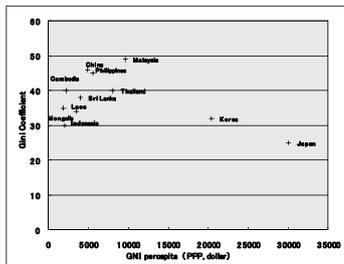
Possibilities of Sustainable Welfare Societies in Asia: Trend of Population

- Aging and Stabilization of Population in Asia in the middle of 21st Century
 - ex. • Population in Japan began to decrease in 2005
 - Korea around 20s
 - China in 2033 (1.5 billion)
 - East Asia as a total in 2035 (2.1 billion) [UN forecast]
- → Possibility of Environmental Sustainability and “Steady-state Society” in Asia, if adequate environmental policies are implemented.

Fertility Rate in East Asian Countries



Per Capita GNI and Gini Coefficient in Asian Countries: Inverted U-shaped Curve?



Environmentally Sustainable Society and Aged Society

	Environmentally Sustainable Society	Aged Society
Characteristics	“Steady-state Society”	
	Environmental Sustainability ↑ finite resources	Stable Population ↑ aging and low fertility rate
Major Concept	Circulation	
	between human beings and nature	inter-generational
Time Scale	super long-term	long-term

Asian Welfare & Environment Network

- 1) International Cooperation in the areas of Welfare
ex. Projects by JICA (Japan International Cooperation Agency)
- 2) Active Communications and Comparative Research in the areas of Welfare and Environmental Policy
→ Networking and Various Policy Recommendations
- 3) Possibilities of Supra-national System beyond nation-state Level ... “Asian Welfare Community”

Thank you very much!

Questions & Comments are welcome.
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Appendix . Overview and Characteristics of Major Areas of Social Security in Japan

Characteristics of the Evolution of Social Security in Japan

- 1. Started as a German Social Insurance Model
→ Gradual Shift towards a More Universalistic Model with tax-subsidies from the government
- 2. Incorporation of the Informal Sector (farmers, self-employed) into the Social Insurance System at an Early Stage
- 3. Health Insurance preceding Pension System
→ Rapid Growth of the Pension System at a Later Stage

Stage 1: Departure

- Founding of the Social Security in the wartime period
→ starting point for the postwar economic growth
- 【Health insurance】
scheme for the employed (1922)
→ Community-based Insurance(1938) for farmers and self-employed, and its expansion (1942)
- 【Pension】
scheme for the employed(1942-44)

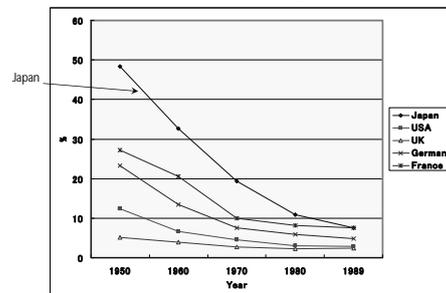
Stage 3: Institutional Arrangements for the Ageing Population —1980s

- 【Health insurance】
Health Services System for the Elderly (1982)
- 【Pension】
Introduction of the "Basic Pension" system (1985)
••• financial arrangements between the schemes for the employed and the self-employed & farmers

Uniqueness of the Japanese Experience in Social Security

- 1. Social Security System Building in the Fast "Catch-up" Economy
→ provides a different model from other industrialized countries
- 2. Fast Speed of Ageing as a result of the Sharp Decline of the Fertility Rate
→ typical pattern in the developing countries

Ratio of Population in Agriculture: International Comparison



Stage 2: Establishment — 1960s

- Universal Social Insurance Coverage in the midst of High Economic Growth
- 【Health insurance】
all local communities covered by National Health Insurance (1961)
→ Universal Coverage
- 【Pension】
scheme for farmers and self-employed (1961)
→ Universal Coverage

Stage 4: Rearrangements and Reforms 1990s~; Super Aging, Fewer Children and Low Economic Growth

- 1990 "Gold Plan" (ten-year strategy for health and welfare for the elderly)
- 1994 "Angel Plan" (programs of the support for childcare and bringing up children)
~1999: "New Angel Plan"
- 1997 Long-term Care Insurance Law for the Elderly (→2000 Implementation)
- 2003 Law for the support for bringing up the Next Generations
- 2003 Plan for the Independence and Opportunities of the Young People

Summary of the Overall Characteristics of Social Security in Japan

- Universal Coverage
- Social Insurance based
- Relative Emphasis on Health Care and Pension, rather than Social Welfare (to be explained in detail later)
- Relatively Low Spending of Social Security among the Industrialized Countries

(A) Health Care —Overview of the System

- Basic structure of Public Health Insurance scheme:
 - 1) employees of large companies → society-managed health insurance
 - 2) employees of medium and small sized companies → government-managed health insurance
 - 3) self-employed and farmers → community-based health insurance managed by municipalities
- The elderly over 75 belong to the "Health Services System for the Elderly" which are financed both by taxes and the contributions from the above three schemes
- Co-payment Rate by the patients is 30% of health care costs (2002~). This rate tends to increase in recent reforms.
- All the prices of health services (fee schedule) are determined by the government.

(A) Health Care —Characteristics

- Mixture of Public Finance and Private Delivery
- Unique System of Community-based Health Insurance ("National Health Insurance")
 - active incorporation of farmers and the self-employed through the subsidies by the national government
- Regulated Fee Schedule System
 - significant both in cost-containment and resource allocation
- Prioritized Resource Allocation to Primary Health Care
 - cf. Political power of JMA
 - financial squeeze of hospitals (particularly big hospitals)
- Emphasis on Public Health Measures at an Early Stage (1950s)

Health Care Expenditures as the ratio of GDP (2003) [OECD data]

- USA 15.0%
- Germany 11.1%
- France 10.1%
- Sweden 9.2%
- Japan 7.9%
- United Kingdom 7.7%

Disability-adjusted Life Expectancy (WHO, *World Health Report 2000*)

- 1 Japan 74.5
 - 2 Australia 73.2
 - 3 France 73.1
 - 4 Sweden 73.0
 - 5 Spain 72.8
 - 6 Italy 72.7
 - 7 Greece 72.5
 - 8 Switzerland 72.5
 - 9 Monaco 72.4
 - 10 Andora 72.3
- cf. 24 USA 70.0

Overall Health System Attainment (WHO, *World Health Report 2000*)

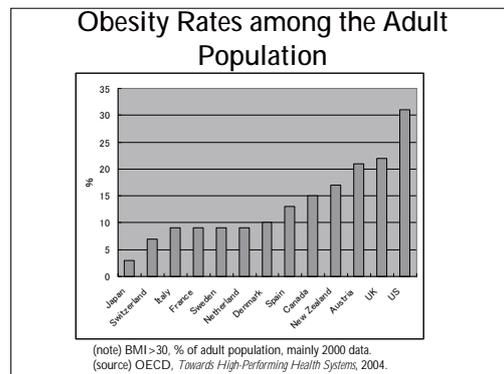
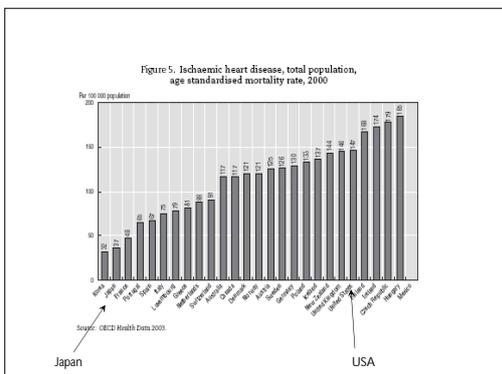
- 1 Japan 93.4
 - 2 Switzerland 92.2
 - 3 Norway 92.2
 - 4 Sweden 92.0
 - 5 Luxemburg 92.0
 - 6 France 91.9
 - 7 Canada 91.7
 - 8 Netherlands 91.6
 - 9 United Kingdom 91.6
 - 10 Austria 91.5
- cf. 15 USA 91.1

Evaluation of the Japanese Health Care System

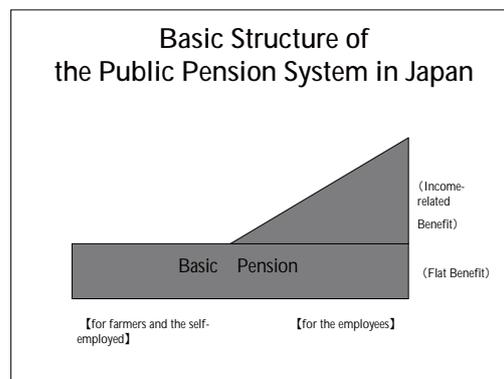
- successful in terms of "Access and Quantity" and Cost-Effectiveness
 - one of the good examples of the health care system of the developing economy
- lot of problems and agenda in terms of
 - 1) quality of care (including biomedical research)
 - 2) patients' rights and access to medical information
 - 3) psycho-social support for patients
 - 4) resource allocation to hospitals (esp. inpatient care)
 - 5) increasing costs caused by rapid speed of ageing (health care costs for the elderly (over 65) =50.9% in 2002)

Utilization of Health Care Services: International Comparison (OECD, *Health Data 2004*)

	Outpatient visit (/year)	Rate of Hospitalization (/100,000)	Average Length of Stay (days)	Ratio of inpatient health care expenditures (%)	Number of Hospital Beds (/100,000)
Japan	14.5 (01)	103.0 (00)	37.5 (02)	29.8 (97)	1650 (00)
USA	8.9 (02)	124.0 (00)	6.6 (02)	39.6 (00)	360 (00)
UK	4.9 (00)	150.9 (98)	8.1 (02)	---	410 (00)
Germany	7.3 (00)	235.1 (00)	---	34.0 (98)	910 (00)
France	6.9 (01)	230.0 (99)	13.5 (01)	42.8 (00)	820 (00)
Sweden	2.9 (01)	181.0 (96)	6.2 (02)	---	360 (00)



- (B) Pension —Overview of the System**
- Basic structure of Public Pension scheme:
 - employees → two-tier system
 - self-employed and farmers → single-tier system
 - Both have the common “Basic Pension” (established in 1985)
 - “Basic Pension” is a flat benefit, while the second pillar of the employees’ system is income-related benefit.
 - A Third of the Basic Pension is financed by tax, while the other parts are “pay-as-you-go” social insurance system.



- (B) Pension —Characteristics**
- 1) Started as a German Social Insurance Model (income-related, limited coverage) → Gradual Shift towards a More Universalistic Model ex. introduction of the “Basic Pension”
 - 2) Advantageous Conditions at an Early Stage (Young Population Structure, High Economic Growth) → Lot of Agenda now with the rapid population ageing
 - 3) Problems of Decline of Participation Rate in recent years (66.3% (2006) in case of the system for the self-employed)

- General Functions of the Public Pension System**
- 1. Income Redistribution
 - Assurance of the minimum Income for all the elderly people
 - 2. Insurance
 - Pooling of Risks of Longer Survival
 - 3. Savings
 - Saving Money for His/Her Own Retirement
 - Structure of the Public Pension System varies depending on the emphasis among the above functions

- Implications of the Pension Experience of Japan for Developing Countries**
- Pension benefits tend to be too generous in the times of high economic development with younger population structure.
 - At later stages, low economic growth and rapid aging come at the same time, making the finance of pension system extremely difficult.
 - So it is important to be careful about the increase of the pension benefit level and prioritize the function of income redistribution.

- (C) Social Welfare (Social Services and Public Assistance)**
- 1) Limited Role and Under-developed in the Social Security System of Japan until recently
 - Predominance of the Social Insurance (Health Care and Pension)
 - Background: Stigma towards the recipients of Public Assistance and the Role of Family as Primary Care Givers
 - 2) Social Insurance (Health Care) taking the Role of “Welfare” ex. “social hospitalization” of the elderly
 - 3) Increasing Demands for Social Services for the Frail Elderly People and Childcare → Implementation of Long-term Care Insurance in 2000 and other policy responses
 - 4) Recent Increase of Income Inequality in Japan and the Important Roles of Public Assistance for low-income people.

Long-term Care Insurance for the Frail Elderly People (2000~)

- Managed by the municipal government
- Financed both by social insurance contributions(50%) and tax subsidies (50%; national government 25%, prefecture 12.5%, municipal government 12.5%)
- Frail Elderly People are judged into 5 categories according to the necessity of long-term care
- Various Service Benefits, and No Cash Benefits

Overall Assessment of Social Security Development of Japan; Positive Aspects

- 1) Realization of Universal Coverage at an Earlier Stage of Economic Development
→Contribution to Economic Development (complementary relationship)
- 2) Active incorporation of Farmers into Social Insurance Scheme
...particularly the importance of community-based health insurance system
- 3) Internationally high evaluation of Health Care system and Longevity

Overall Assessment of Social Security Development of Japan; Negative Aspects

- 1) Misconception about the Future Aging and Low Fertility
→ Financial Problems in Pension System
- 2) Dependence on Family Care and the Delay in the development of Social Services
- 3) Dependence on Public Works for income redistribution and the relatively lower level of social security as income redistribution mechanism



General Overview

Special Journey of Learning and Sharing Social Welfare Systems and Practices in Japan Through a New Type of International Cooperation

by Yoshiyuki Nagata, Program Advisor



Yoshiyuki NAGATA

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Associate Professor, University of the Sacred Heart, Tokyo

BACKGROUND OF THE HOST COUNTRY

Japan is one of Asia's advanced industrialized countries. Beginning with the Meiji Restoration in the late nineteenth century, the nation successfully modernized itself based on a Western model. Since World War II, it has enjoyed economic prosperity with highly developed technology. This rapid development, however, resulted in unexpected and unfavorable outcomes such as environmental destruction, urbanization and depopulation of rural areas, and a growing wealth gap.

The miracle-like development was realized during a period in which economic development was prioritized over development of other areas such as social welfare and individual well-being, or quality of life. This time of rapid economic growth was also a difficult time for marginalized minorities to enjoy the rights of citizenry. Since the society needed an efficient labor force, people with disabilities, ethnic minorities and the aged were not viewed as 'participants', but as people needing support and legal protection who were expected to live off of the work of the mainstream of the industry.

The Japanese government has recognized and ratified such international rules as the International Covenants on Human Rights and Salamanca Statement on Principles, Policy and Practice in Special Needs Education and a Framework for Action. Thus, it is required to take action against any discrimination of minorities; their rights are supposed to be protected in all sectors of the society. Despite regulatory protection, however, there have been challenges for minority peoples in overcoming the rather exclusive ethos of Japanese society. In their daily lives, they have sometimes had to follow what others have decided for them without taking part in decision-making processes.

A NEW TYPE OF INTERNATIONAL CO-OPERATION

JENESYS is an international cooperation and exchange programme for young leaders in ASEAN and other countries. It is a great opportunity for participants to learn through lectures, fieldwork and sharing among one another. In conceptualizing the 2010 JENESYS programme on environment and social welfare, one thing the author as programme advisor attempted to create was a new type of international cooperation. Generally speaking, in international cooperation programmes a 'developed' country as a host provides something which 'developing' countries do not have or have not yet achieved (Diagram 1). Participants in typical international programmes, especially ones with training purposes, usually become acquainted with ideas, new systems, technologies, skills, and/or innovations of the host country and bring these back with them to their own country to make the most of them. However, in the 2010 JENESYS, the weaknesses of Japanese society, as indicated in the previous section, as well as its strengths were introduced, so that other Asia-Pacific countries would not suffer some of the negative results that Japan had experienced (Diagram 2). The author believes this type of cooperation is in the best interest of the region.

DIAGRAM 1: Traditional Type of International Cooperation

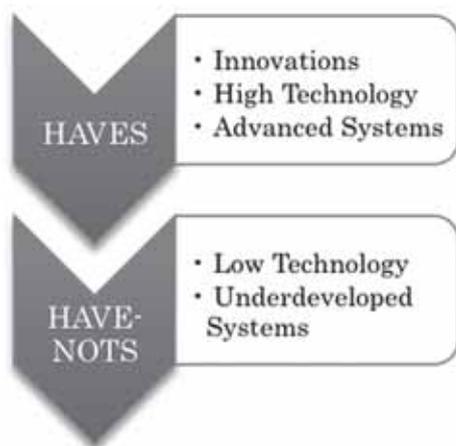


DIAGRAM 2: New Type of International Cooperation



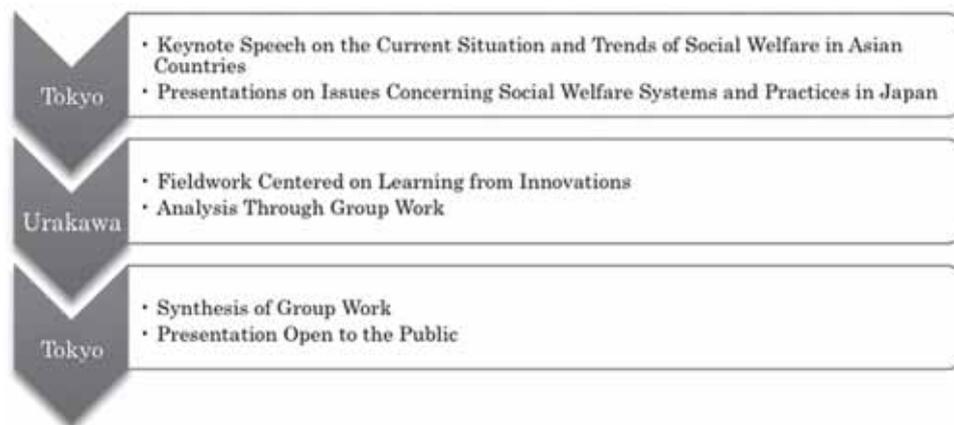
LEARNING WITH INNOVATIONS

The 2010 JENESYS programme was comprised mainly of three phases: 1) learning about problems at the systems level; 2) learning about innovations through field visits; and 3) sharing and synergizing the feelings and thoughts of the participants for and through presentations to the public.

First, through keynote speeches from Japanese and experts and presentations by the Japanese participants, the overseas guests became acquainted with problems of the Japanese society in the field of social welfare and came to share a basic understanding of the problems of the Japanese social welfare at the systems level.

The programme was then structured so that participants could ‘experience’ innovations in the field-visits (see the Diagram 3 below), after obtaining this basic knowledge of the Japanese welfare system. An innovative community chosen for the programme was a small town called Urakawa in Hokkaido, the northern island of Japan. There are several public and private social welfare facilities in the town, including both traditional and innovative ones. Participants observed conventional types of facilities for people with physical and intellectual disabilities in Urakawa, and also experienced horse riding therapy for people with disabilities. (Urakawa is a well-known town for a famous horse-breeding center.)

DIAGRAM 3: Programme Components of the 2010 JENESYS (Environment and Social Welfare Team)



The international exchanges at Bethel House were a highlight of the programme. Bethel House is an alternative social welfare model with vigorous energy and new ideas. Representative ideas and practices that Bethel House has developed include Social Skill Training (SST), Member Self-Study Sessions and Self Help Groups, Reflection Meetings, Disaster Prevention Activities, and Disclosing One's Weaknesses. These are all practices initiated by people with disabilities at Bethel House. These practices and the theories behind them shine light upon the difficult situations people with disabilities in Japan have faced for a long time.

In comparison with general practices in the mainstream social welfare system, a number of Bethel House practices have been so successful that people with mental disabilities themselves enjoy launching various innovations and running businesses that incorporate unique ideas and strategies, organizing and holding meetings by themselves, and participating in other events including symposia and panel discussions. Their businesses are exceptionally successful in Urakawa. For example, many members with disabilities together with non-disabled staff find themselves busy packing kombu (seaweed), producing various kinds of souvenirs, and running a nice and cozy cafe where they sell Bethel products.

The people at Bethel House enjoy their lives with conversations and smiles, and this was so impressive for the JENESYS young leaders. Within the warm atmosphere, they started to open up about themselves. At the culmination of the programme, some of the participants tried to speak out and share their own hardships in the past with the people of the Bethel House and other participants.

The participants then entered the third phase of the programme involving sharing and synergizing what they had experienced in Urakawa. Through exchanges with local people as well as with other participants, they started to question their preconceptions and to reconsider their own values individually and collectively in comparison with others' on the spot. On the last day in Urakawa, participants grouped themselves to prepare for the final open presentation in Tokyo. To analyze their observations and other experiences, an analytical tool called 'Compass', created by the AtKisson Group and regionally developed by Sustainability Asia, was introduced by the author/facilitator of the programme. Participants were encouraged to use the method. Even after coming back to Tokyo, participants put great focus into group work to get ready for the final presentation.

The final presentation was held on the last day of the programme, just before the farewell party. It started with a short film made by one of the participants during the program. The photos shown in front of all the participants were full of good memories accumulated during the programme. Participants burst out with applause and hearty

cheers.

Some members and friends of Bethel House as well as other people joined and listened to the group presentation with other guests. Each presentation was unique, and participants' learning and feelings were well-expressed on the presentation sheets. Some of the questions and answers were also the result of a process of deep learning and sharing.

The author as facilitator of the programme gave a concluding short lecture after the presentations. He suggested that the participants use the 'Compass' method in their own communities and report and share the results with everyone. The author also stressed the importance of Bethel-like innovations in other countries as well as the limitations of the linear development model of social welfare systems.

On March 11th, a day after the last group of the 2010 JENESYS programme had left Tokyo for their home countries, the Great Tohoku (Eastern Part of Japan) Earthquake and Tsunami hit Japan, causing devastating damage in towns and villages there. I heard that the Japan Foundation received many encouraging heartfelt messages from the participants abroad. This symbolically represents the special bond created through the programme. The author sincerely wishes a continuous exchange among the participants and further development of the friendships enriched throughout this special journey.

References:

One can access the basic information on the following URL:

- For the Compass method:

http://www.atkisson.com/wwd_tools.php

- For Bethel House:

http://www.dinf.ne.jp/doc/english/resource/bethel/bethel_0805.html



Reports by Participants

Country Reports (Pre-Program Reports)



Shifting the Paradigm in Child Welfare System in Indonesia

Ali Aulia Ramly
UNICEF
INDONESIA

Country Report presented at
JYNESIS Programme: Social Welfare Group
26 Feb – 9 March 2011, Japan

1

Objectives of the Presentation

The presentation provides an overview of

- the situation regarding child welfare system in Indonesia
- the direction of which Indonesia is heading
- the requirement needed to move to the intended direction
- a note from the process

2

Principles and Theoretical Framework (1)

The rights in the Convention on the Rights of the Child

- Children should grow up in a family environment
- Children have the rights to live with their parents and family
- Parents have the primary responsibility for the upbringing and development of the child. States Parties shall render appropriate assistance to parents

• Children have the rights to be protected from abuse and neglect, from exploitation and sexual exploitation, provided alternative care, provided rehabilitation and reintegration services.

3

Principles and Theoretical Framework (2)

A Component of a social welfare system for
children and families: Continuum of Care

PRIMARY INTERVENTION

UNIVERSAL, targeting all children.

SECONDARY INTERVENTION

Targeted. Focus on at risk children and family

TERTIARY INTERVENTION

Protective Services
Intervention for children and families (non institution)

4

Situation in Indonesia

- Significant progress in legal and policies.
- the bulk of child welfare interventions are on tertiary services
- the main focus is provision of care and protection through institutions
- there are existing potential to strengthen the families and communities

5

The Future Direction (1)

- Strengthen families to provide care and protection to children
- Stated in the strategic plan of the Ministry of Social Affairs
- Funds for institutions will be reduced, funds for family support will be increased
- Increased role and mandate of social workers
- Pilot projects and new programmes strengthen the families

6

The Future Direction (2)

Example: Child Social Welfare Programme

- A conditional cash transfer programme
- Piloted in 2009 for street children, launched as programme in early 2010, elevated by Presidential Instruction in April 2010
- Supporting children to get access to basic services, strengthen families to provide care and protection to children
- Involvement of professional Social: assess the situation, monitor progress, support parents and families, bring the engagement of communities

7

Requirements to Move Forward

- Strong social workforces
 - Certification of Social Workers
 - In service and pre service training
 - Revised curriculum
- Appropriate norms
 - the Standard of Care in Institutions
 - Government Regulation on Care of Children

8

Continuing Challenges

- Shifting the paradigm, what it means for institutions.
- Decentralization. Will the sub-national government follow the national level direction

9

Lessons Learned (so far)

- Evidence-based
 - Study on the Quality of Care (2006)
 - Assessment on Child and Family Welfare System in Indonesia (2010)
- Systemic Approach.
 - New and appropriate laws and policies
 - Strengthen the capacity and structure for services
 - Target behaviour change
- Vision and leaderships of key Government Officers

10

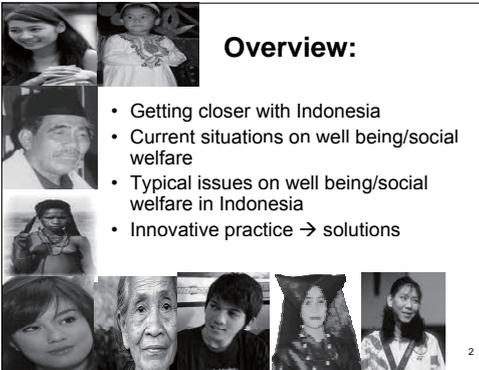
INDONESIA HC SYSTEM → Mental Health



Nael Sumampouw, M.Psi, Psychologist.
Clinical Psychology Unit – Faculty of Psychology –
University of Indonesia

1

Overview:



- Getting closer with Indonesia
- Current situations on well being/social welfare
- Typical issues on well being/social welfare in Indonesia
- Innovative practice → solutions

2

Getting closer with Indonesia



**Bhineka Tunggal Ika
(Unity in Diversity)**



- Indonesia archipelago comprises 17,508 islands
- Fossilized remains of *Homo erectus*, popularly known as the *Java Man*, suggest that the Indonesian archipelago was inhabited two million to 500,000 years ago.
- Population: around 240 million people (4th most populous) (42. 14% live in urban and 57.84% live in rural area)
- Total area: 1.860.359 km2, Average density: 130/km2 (Most: DKI Jakarta (12.308/km2), Least: West Papua (5/km2)
- The world's largest population of Muslims.
- Independence day: August, 17th 1945
- National & official Language: Bahasa Indonesia (> 700 living language in Indonesia, most using: Java language)
- The country shares land borders with Papua New Guinea, East Timor, and Malaysia. Other neighboring countries include Singapore, Philippines, Australia, and the Indian territory of the Andaman and Nicobar Islands.
- Indonesia is a founding member of ASEAN and a member of G-20. 4



- Republic
- Presidential system
- 1998: reformation era
- 2004: direct election of people representatives & president
- Decentralization of power
- Administrative division:
 - First level: 33 provinces,
 - Second level: 440 → (349) districts & (91) city**
 - Third level: 5263 sub – districts
 - Fourth level: 62.806 villages (desa) & 7113 region (kelurahan)

5

Current situation: Social – economics index

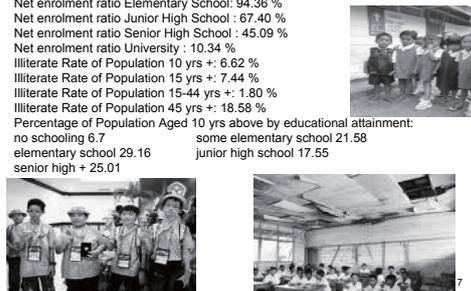
- More than 32 million living below the poverty line, half of all households remain clustered around the national poverty line set at Rp.200.262 (USD 22/month – March 2010)
- 307 deaths for every 100.000 lives births (MDG target: 105 by 2015)
- 68 % population access to improved sanitation facilities (MDG target: 86)
- GDP: USD 510.7 billions (2008)
- Population growth: 1.2 (2008)



Current situation: Education data in Indonesia (2009)

- Net enrolment ratio Elementary School: 94.36 %
- Net enrolment ratio Junior High School : 67.40 %
- Net enrolment ratio Senior High School : 45.09 %
- Net enrolment ratio University : 10.34 %
- Illiterate Rate of Population 10 yrs +: 6.62 %
- Illiterate Rate of Population 15-44 yrs +: 7.44 %
- Illiterate Rate of Population 15-44 yrs +: 1.80 %
- Illiterate Rate of Population 45 yrs +: 18.58 %
- Percentage of Population Aged 10 yrs above by educational attainment:

no schooling 6.7	some elementary school 21.58
elementary school 29.16	junior high school 17.55
senior high + 25.01	



7

Current situation: Health data in Indonesia (2008)

- Life expectancy at birth: 71 (2008)
- Infant mortality rate: 46;
- Under five mortality rate below 5: 60 (1999)
- Total Fertility Rate: 2.59
- Population with health complain during last month: 33.24 %
- Birth with medical assistance: 74.87 %
- Under 5 taken BCG immunization: 89.94 %
- Under 5 taken DPT immunization: 86.01 %
- Under 5 taken Polio immunization: 87.19 %
- Under 5 taken Measles immunization: 75.39 %
- Average (months) breast feeding of 2 – 4 years: 19.89 (2003)
- Average (months) breast feeding with food supplement of 2 – 4 years: 4.14 (2003)
- Average (months) breast feeding without food supplement of 2 – 4 years: 15.75 (2003)
- Population with self-treatment: 65.59 %
- Population with traditional treatment: 22.26 %
- Percentage of population with outpatient treatment: 44.37 %
- Percentage of population with inpatient treatment: 0.93 % (2001)



8

Current situation:
Gov. are responsible for people's well-being/social welfare
 Health is a state of complete **PHYSICAL, MENTAL & SOCIAL WELLBEING ...**
COORDINATOR MINISTER OF PEOPLE'S WELFARE
 • **MINISTRY OF HEALTH** → PHYSICAL AND MENTAL (50:50)
 • **MINISTRY OF SOCIAL WELFARE** → SOCIAL WELLBEING
 • **MINISTRY OF WOMEN EMPOWERMENT & CHILD – PROTECTION**



9

Current situation:
Health Resources

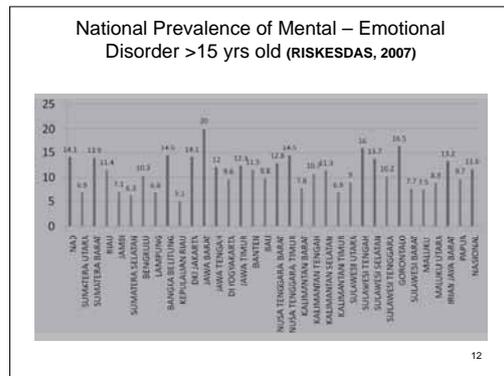
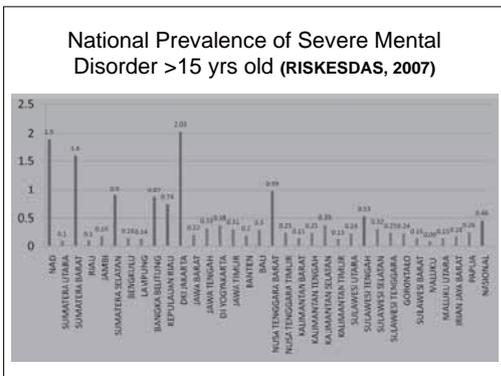
Health Facilities

- General Hospital: 1.268 beds: 112.640 → <5% have psychiatric services
- Mental hospital 51 (35 state and 16 private), beds: 8535
- PHC: 7.669 units → (<10% have mental health services)
- Community-based health facilities (Posyandu): 315.921

Health Resources

- GP: 18.72 / 100.000 population
- Nurses: 129.78 / 100.000 population
- Psychiatrist: 0.21 / 100.000 population

10



MENTAL HEALTH RESOURCES

Psychiatric Beds

- TOTAL PSYCHIATRIC BEDS PER 10 000 POPULATION 0.4
- Psychiatric beds in mental hospitals per 10 000 population 0.38
- Psychiatric beds in general hospitals per 10 000 population 0.02
- Psychiatric beds in other settings per 10 000 population 0.02

Professionals

- Number of psychiatrists per 100 000 population 0.21
- Number of psychiatric nurses per 100 000 population 0.9
- Number of psychologists per 100 000 population 0.3

13

Indonesia's typical issue:
Living with Risk
'Befriending' with Disaster

Natural disaster & Social Disaster

- Groups conflict (ethnic – religion)
 - Tsunami: Nias, Yogyakarta, Papua, Padang
- Earthquakes:
 - Flood in Riverside Urban Area
 - Bom blast
- Violence to minority
 - Domestic violence



REALITY OF CURRENT PROBLEMS IN THE COMMUNITY



• Most people with mental illness receive no treatment



• Human rights of mentally ill are neglected and abused

15

CURRENT PROBLEMS IN THE MOST OF MENTAL HOSPITAL



• Provide only custodial care
 Disconnected service, no care management, no network



• Poor quality of care, human right violation
 • Limited rehabilitative activity

16

FACING THE CHALLENGES OF MENTAL HEALTH IN SERVICES IN INDONESIA

ACCESS

- Poor transport links to the mental health services, and resulting in high cost of access
- People with mental disorders isolated from their families because very difficult to contact with the outside world
- Problem for procedure related to admission and discharge



HUMAN RESOURCES

- Most of available mental health resources at mental hospital, limited resources at the community

17

FACING THE CHALLENGES OF MENTAL HEALTH IN SERVICES IN INDONESIA

Acceptability:

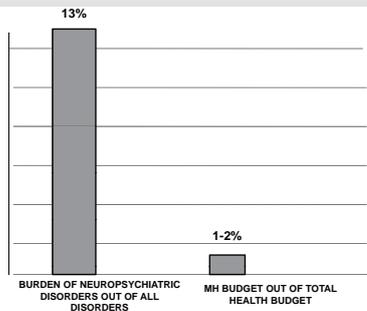
- Significant stigma is associated with mental health services
- Most people reluctant to use this services except as last choice. This results in delays in seeking treatment, which in turn affects clinical outcome

Financial cost:

- Indonesia spends 1-2% of the total health budget on mental health and approximately 97% of the mental health budget is spent on state mental hospital

18

BURDEN vs BUDGET



19

Innovative Practices as Solution:

- Advocacy of the Development of New Mental Health Policy and Plan 2009-2015 and Mental Health Legislation
- Enhancing Mental Health **Promotion and Prevention Programs**
 - Adolescent Mental Health
 - Suicide prevention program
 - Prevention of harm from alcohol
 - **Mental Health Disaster Preparedness**
 - Perpetrators prevention program
 - Public Awareness & Education program
 - Etc



Innovative Practices as Solution:

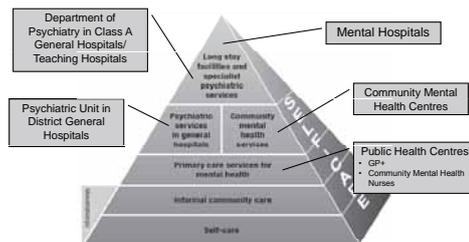
Research to provide evidence based on mental health

Community participation

- Provide comprehensive network of clinical and non-clinical community-based services.
- Provide community care unit
- etc



Mental Health Service Delivery System in Indonesia



22



TERIMA KASIH
SAMPAI JUMPA di
INDONESIA

THANK YOU
COME & ENJOY THE
EXOTIC INDONESIA

23

Mobility of People with Disabilities in Laos

Association for Aid & Relief (AARJAPAN)



Presented by: Vonglatsamy Ratanavong
Lao Peoples' Democratic Republic

Current situations on well-being or social welfare including typical issues

Population (based on WHO population statistic in year 2005)

- Total population = 6 million
- 8% or = 600,000 people = people with disabilities (PWDs)
- 1% out of 600,000 PWDs = In need of wheelchairs-

Causes of Disabilities

- polio,
- cerebral palsy,
- leprosy,
- traffic accident,
- UXO (Un-Exploded Ordinance)
- and elderly.

Lack of mobility devices provision

- Wheelchairs, Tricycles, prosthetics, orthotics, walker etc.

Those are costly and difficult for government to provide such expensive things to individuals.

Current situations on well-being or social welfare including typical issues

Lack of transportation Services provided to PWDs

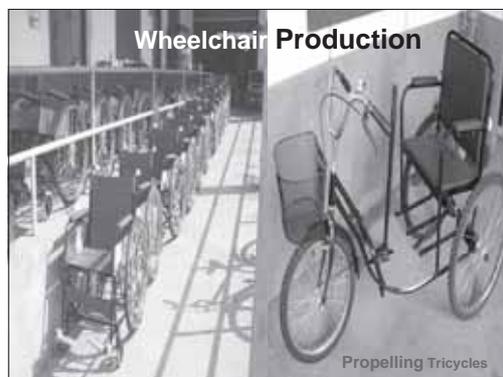
- Road path, Slope, Public toilet, Public bus or building that easy for PWDs to access.

Donated Wheelchairs

- Not fit to the users.
- No spare parts available for repairing

Association for Aid & Relief (AAR JAPAN).

- Only one project working on local producing wheelchairs/Tricycles
- Distribute to PWDs in Laos all over the country.
- And distribute to elderly.



Solutions to the above mentioned issue An innovative practice which provides

Association for Aid & Relief (AAR JAPAN).

Establish

- since year 2000 in partnership with National Rehabilitation Center (NRC), Ministry of Public Health (MOPH)
- Set up Local Wheelchair Workshop inside NRC produced by Lao people (6 NRC Technicians + 5 Disabled AAR Technician)
- Use (Buy) materials inside the country

Assessment

- Focus and make sure that assessment of wheelchairs users are done before producing
- Provincial Rehabilitation Center will send assessment report to us for wheelachair production.

Production Cycle

1st month	Assessment Assessment team visits each homes of the disabled people requesting for wheelchairs or tricycles
2nd month	Production Production is planned based on assessment reports
3rd month	Distribution Wheelchairs and Tricycles are distributed to each individuals homes

Solutions to the above mentioned issue An innovative practice which provides

Production

- Produce 45 wheelchairs / month for all over the country
- Difficult to meet demand as we are the only provider in Laos

Wheelchair Workshop

- 6 NRC Technicians-
- 5 AAR Technicians (Disabled people)-
- Total : 11 Technicians-**
- Both NRC & AAR Technicians are well experience on producing wheelchairs- for over 10 years.

Handing Over -

- The project is ending in May 2011. -
- The project is handing over the works to NRC to continue the workshop-



Thank you for your Attentions

12

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity




Lao's Social welfare

Presented by :CHITDAVANH CHANTHARIDET
Official Staff : SASS

1

Country profile

Lao People's Democratic Republic (Lao PDR)

Lao PDR is located in the center of the Indo-china peninsula in Southeast Asia.

In the North, it shares 505 kilometers (km) of border with China

Lao PDR also shares 435km of border with Cambodia to the south

2,069 km of border with Vietnam to the east

236 km of border with Myanmar to the northern-west

1,835 km of border with Thailand to the west

2

Population

The total population was 6.4 million
source: UN Population Division
world population prospects 2010

50.1% female and 49.9% male

Consist of 17 Provinces

Capital City : Vientiane.

Currency : kip

3

Introduction

- Social Welfare Department is under the Ministry of Labour and Social Welfare:
- Responsible for the grand and resettlement with the sedentary occupations to the ethnic minorities that has been removed in the domesticity, it's not any removal that happened in politic economic case whether any other.
- Provide to alleviate for the natural damages victims such as burning, flood, drought and other disaster.
- Look after and help the orphans, poor children, handicapped and other low opportunity groups of persons in community including the leper. Help to take care of the repatriate refugees in order to be able adopted in new situation and environment and have equal normal life as well as the general population.

4

Social Welfare Division

Social welfare consists of 3 Divisions and one office:

- Administration and Planning Division
- Public Welfare and Development Division
- Children Assistant Division
- Office of the National Disaster Management

5

Social Welfare Project Implementation in Lao PDR

- Project on food welfare and stuff for the poor people, vulnerable people and victim from disaster
- Project on housing for poor people and victim from disaster
- Project on management of social welfare fund and counterpart fund (KR1)
- Project on promotion society participation of protection disadvantage women and children.

6

Background of the Food aid project from the Government of Japan KR1

- KR1 is the food aid of providing funds for the less development countries to purchase staple food such as rice.
- The Government of Japan has sign the memorandum on food aid under the KR1 project to the Government of Lao PDR.
- In 1993, after the Ministry of Labor and social welfare was established, the government assigned the responsibility the KR1 project to the Ministry of Labor and Social welfare.
- Each year, the milled rice received from the government of Japan has distributed to the people who encountered natural disaster, poor with social disadvantaged and relocated people in remote area.

7

Objective of the Food Aid project

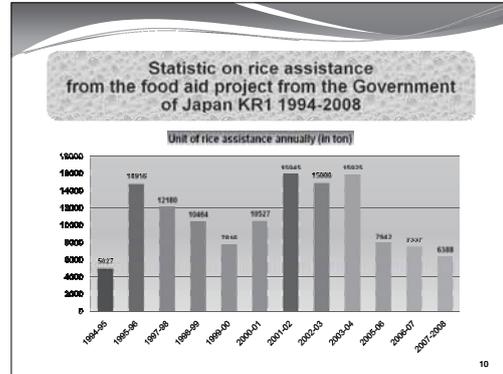
- To assist the residence who encounter natural catastrophe
- To assist the resident who relocate and impermanent job.
- To assist the poor people and people who are lack of food in remote areas.

8

Target of the food Aid project

- To recover from the catastrophe
- To provide food to the people with food scarcity
- To contribute to the social – economic development.

9



Strategy on Development of Social Welfare 2011 - 2020

- To create and develop the welfare network at central level and local levels to facilitate and help many way to person, group of people and community with poverty and stress from society.
- To create the mechanism for protect right and interests of this advantage women and children and victim from human trafficking by promoting the society participation rapidly ,urgently and effective.
- To create disaster management net work by widely participation of society , regional and international.

11

Strategy on Development of Social Welfare 2011 – 2020 cont.

- To create management network of persons with disabilities and elderly to reach caring and helping from family and society by promote opportunity of widely accessibilities public facilities.
- To create management network of unexploded ordnance by widely participation of society, regional and international.
- To establish database system of social welfare in order to quickly and widely services.

12

conclusion

- The Lao Government has received funding projects from the Government of Japan KR1 to purchases stable food as rice in 1986 .
- The MOLSW has been assigned to be responsible for the mentioned project in 1993
- All funding supports received have been used to assist the residence who encounter natural catastrophe, the resident who relocate and impermanent job, poor people and people who are lack of food in remote areas.
- The strategies presented will be implemented on social welfare under the MOLSW of Laos in the future.

13



MOBILE EDUCATION

**MUHAMAD KHAIRUL ANUAR
BIN HUSSIN**

**Representatives of
MALAYSIA**



1

**Education Act 1996
(Malaysia)**

- Part 1 (PRELIMINARY)
 1. These regulations may be cited as the Education (Special Education) Regulations 1997, and shall come into force on 1 January 1998
 2. In these regulations, unless the context otherwise requires-
 - "pupils with special education needs" means pupils with visual impairment or hearing impairment or with learning disabilities;

2

"special education programme" means-

- a) a programme which is provided in special schools for pupils with visual impairment or hearing impairment;
- b) an integrated programme in regular schools for pupils with visual impairment or hearing impairment or with learning disabilities; and
- c) an inclusive education programme for pupils with special needs and who are able to attend normal classes together with normal pupils

3

**Part II
Special Education**

3. (1) For government and government-aided schools, pupils with special needs who are educable are eligible to attend the special education programme except for the following pupils: *[Eligibility for the special education programme]*

- (a) physically handicapped pupils with the mental ability to learn like normal pupils; and
- (b) pupils with multiple disabilities or with profound physical handicap or with severe mental retardation.

My focus

4

My Focus → Uneducable person

- Those who are staying at HOME (*rehabilitation center*) and home
- Those who are poor and need special aid supports due to severe physical handicap, paralysis and baby in "early intervention programme".
- Those who are called "wander child"
- Those who are called "illegal immigrant child" } Disabled

5

Those staying at HOME (*rehabilitation center*) and home

- Uneducable because of mental retardation or multiple disabilities.
- From poor family –transport problem and location of house.
- From wealthy family but with time constraint and SOE status
- From Unregistered or private HOME
- Centre for disabled and Orphanage

6

Those who are poor and need special aid supports like severe physical handicap, paralysis and baby in "early intervention programme".

- Special Equipments –
 - Limited sources
 - Expensive
 - No expertise in conducting and maintenance
- Severe physical handicap
 - Need home-to-home teacher/tutor
 - Multi Disciplinary Team approaches
 - More to 'hands on' educational method

7

Paralysis

- More specifically focused on live long education – support team and equipments
- Education tailored to specific needs

Baby in "early intervention programme".

- Early birth MDT
- Support parents to educate suspected special child.

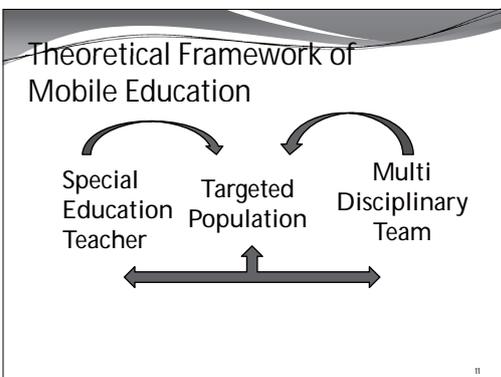
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Those who are called “wander child” and “illegal immigrant child”

- Opportunity to get formal education as well as special school or other required services
- For uneducable child should be referred to specific educational needs or related services

Suggested Solution – (MOBILE EDUCATION)

- Issues about Mobile Education?
 - A new term of special education in Malaysia
 - Need new policy arrangement and implementation as well as an enactment or Education Act.
 - Needs to be issued to Parliament before implementation
 - Need Multi Disciplinary Team approaches
 - Need to train special education teacher
 - Should be announced to society



Description

- Special Education Teacher to attend special course on methodology and pedagogy of teaching and getting information on required services from various agencies - NGO
- Target group will be classify by SET and MDT
- Clarified by groups of MOE and related ministry in Malaysia
- Program implementation monitored by each SET and MDT groups
- Program Performance Meeting – reinforcement, enrichment and discussion among groups.

THANK YOU

Social Enterprise: Creating Employment for People with Disabilities

Chu Shi Wei

United Voice
Self-advocacy Society of Persons with Learning Disabilities Selangor & Kuala Lumpur

Malaysia



1

People with Disabilities in Malaysia

Persons with disabilities registered with Social Welfare Department Malaysia (December, 2010)

Total	325, 189
<u>Learning Disabilities</u>	123, 816
Physical Disabilities	112, 792
Hearing impairment	40, 671
Visual impairment	28, 445
Speech impairment	365
Mental disability	5,182
Others	13, 918

2

Special Education

- Lack of formal vocational training in the special education program in secondary school.
- There are 2 vocational schools in Malaysia which offers vocational courses.



3

Transition from School to Employment

- Lack of transition program from school to employment.
- Currently, the government is in the process of formulating a transition plan to enable the transition of disabled people from school to employment.



4

Unemployment

- Since 1990 to Feb 2010, a total of 7,956 people with disabilities had job placement by the Department of Labour.
- People with disabilities who are unemployed are often homebound, in daycare centers, job training centers or sheltered employment.



5

Supported Employment

- Since 2007, the job coach network begun developing in Malaysia through collaboration between the Social Welfare Department and Japan International Cooperation Agency (JICA).
- A company employed 120 individuals with learning disabilities through partnership with United Voice and other NGOs.



6

Social Enterprise: Innovative practice

- Paradigm shift from sheltered workshop to social enterprise
- Social enterprise is a business with a social mission to create employment for people with disabilities
- Create employment for individuals with moderate to severe learning disabilities.
- Transition from school to employment
- Promotes gainful employment in an integrated setting – inclusion



7

Social Enterprise: United Voice Employment Project

- Since 2003, United Voice begun an Employment Project to create employment for unemployed members which includes individuals with Down Syndrome, Attention Deficit Disorder (ADD), Autism & Developmental Delay. We have 26 workers.



8

Saori Products- Japanese Weaving

Greeting Cards

Magnets

Saori Scarf

Saori Doll

Keychain

Accessories

Bookmarks

Namecard printing services

Bakery- Cookies and Hamper

A growing Social Enterprise

Sales of Product	No. of Employees
2003 RM20,000	8
2004 RM40,000	8
2005 RM52,000	15
2006 RM61,000	15
2007 RM74,000	18
2008 RM122,000	21
2009 RM189,000	22
2010 RM280,000	26

Employees get a monthly salary, annual Bonus (based on productivity and profit), SOCSO & EPF.

All employees also receive RM300 monthly allowance from the Social Welfare Department.

- Our customers include 20 corporate companies who purchase greeting cards, cookies and other products.
- United Voice also promotes products in United Voice gift shop and bazaars.
- United Voice operates an art gallery to promote paintings by 8 individuals with Autism.

Art Gallery

United Voice Gift Shop

United Voice Employment Project

- Production of new products with a marketing strategy.
- The employees conduct self-advocacy meeting everyday after work to discuss about their work and other topics.
- 5 of our employees who used to work in the Employment Project are now working in the open employment.
- Create awareness in the public on the potential of persons with learning disabilities.

Self-advocacy Meeting after work

Working in a hypermarket

Title : Social welfare services on rehabilitation of PWDs

Introduction

General information about the Country

1. The Union of Myanmar is situated in South East Asia, Bordered on the north and north- east by the People's Republic of China, on the east and southeast by Lao PDR and the Kingdom of Thailand, on the west by the People's Republic of Bangladesh and the Republic of India, on the south by the Andaman Sea and n the west b the Bay of Bengal.
2. The area of Myanmar is 676578 square kilometers. It has 6151kilometres of international boundary and 2229 kilometers of coastal line. Myanmar has over 100 national races living together in unity and in amity. The estimated population of Myanmar is 57.78 million. According to 2008 survey,1.3 million people are PWDs. It is 2.3 percentage of the population.

Challenges/Issues in addressing the social services

3. The department is undertaking social services for vulnerable groups such as children, youth, women, disable persons, elderly and ex-drug addicts. Protection of women and children, rehabilitation of person with disabilities and drug-addicts, and social care of elderly people are being taking out by prevention, protection and rehabilitation.
4. In implementing social service, the challenges are as follows;
 - (a) Expansion and extension of community-based services for children and women.
 - (b) Strengthening of social rehabilitation such as educational, vocational and follow-up activities at institutions as well as community level.
 - (c) Extension of home-care services for person with disabilities at the community level.
 - (d) Upgrading of capacity-building programme for person with disabilities.
 - (e) Developing the life of person with disabilities.
 - (f) Increasing number of professional resource persons so as to provide latest social work methods and practice to the trainers thereby contributing to development of social work education and practice.
5. In order to overcome the challenges, the following future action will be taken;
 - (a) Exchange visit to Disabled Care Centers from neighboring countries.
 - (b) Sharing of education on social work practice and services.
 - (c) Sharing of information o solution of social problems through community-based and family-based approach.
 - (d) Sharing social policy, social work intervention and social services on rehabilitation of person with disabilities.
 - (e) Getting vocational training, proper incomes in the person with disabilities.

Conclusion

6. DSW in cooperation with (JICA) the Myanmar standardized sign language book has been developed and delivered in 2009. DSW established special school for rehabilitation of PWDs. The disabled schools provide mainstreaming education also vocational trainings according to their different types of disability.

Disability situation in Myanmar Services provided by Department of Social Welfare

Nan Mouk Seng

1

General information about Myanmar

- Situated in South East Asia
- Bordered on the north and northeast by the People's Republic of China.
- East and southeast by Lao PDR and the Kingdom of Thailand.
- West by the People's Republic of Bangladesh and the Republic of India

2

Area and Population

- The area of Myanmar 676578 sq; klm
- International boundary 6151 kilometers
- Coasted line 2229 kilometers
- Population is 135 national races in Myanmar.
- Estimated population 57.78 million.

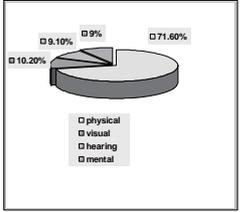
3

Department of Social Welfare

- Under the Ministry of Social Welfare, Relief and Resettlement
- Implementing eight types of social services
 - Early childhood care and development services
 - Children and youth welfare services
 - Women welfare services
 - Care of the aged
 - Rehabilitation of PWDs
 - Rehabilitation of Ex-drug addicts
 - Grants in aids to voluntary organizations
 - Public welfare services

4

PWD Data



Category	Percentage
physical	71.60%
visual	10.20%
hearing	9.10%
mental	9%

- 2.32% of population are PWDs
- 1.3 million (2009)
- 71.60% of PWDs are physically disabled
- 10.20% are visually impaired
- 9.10% are hearing impaired
- 9% are mentally disabled

5

Rehabilitation

- Medical Rehabilitation
 - Department of Health
- Social Rehabilitation
 - Department of Social Welfare
- Vocational Rehabilitation
 - Department of Social Welfare

(According to IE, We cooperated with Ministry of Education for the Educational rehabilitation that related to vocational rehabilitation)

6

Rehabilitation Services

- Institutional based
- Special schools and vocational training schools
 - 8 blind schools
 - 2 deaf schools
 - 2 vocational training schools for physically handicapped
 - 2 special schools for disabled children
 - 1 disabled care centre

7

Rehabilitation Services

- Community Based Rehabilitation
 - Joining hand with INGOs and NGOs
 - Policy guide line and supporting function
 - Negotiate with local authorities
 - Arrangement for field workers training
 - lively hood assistants
 - Awareness raising about PWDs
 - Building barrier free environment
 - Physiotherapy exercises
 - Referral system for special schools and respective hospitals
 - providing mobility aids
 - Advocacy activities for disaster risk reduction for PWDs

8

Rehabilitation Services

- Social Rehabilitation
 - Daily Living Activities
 - Social Dealing
 - Peer Counseling
 - Recreation (sport, music, painting)
- Vocational Rehabilitation
 - Vocational training
 - On Job training
 - Job placement

9

On going process

- Preparing for sign to CRPD
- Implementation of National Plan of Action (CBR)
- Sign language development project (JICA)
- Awareness raising activities
- Encouraging Self Help Group/Self Help Organization

10

Current issue for PWDs

- Less of awareness
- Limited resources
- Less sufficient vocational trainings and special schools
- Less job opportunity
- Difficult to get barrier free environment
- Parents' or Guardians' attitude and economic
- School entrance fee
- Transportation
- Lack of knowledge about PWDs (community)
- Teachers of formal schools have less experiences about PWDs
- Languages, skills, teaching method, curriculum,
- Formal schools students' attitude on PWDs

11

Solutions

- Awareness raising to community
- Awareness raising to formal schools about PWDs(IE)
- To create barrier free environment
- Enough assistance devices
- Cooperation with parents, guardians, respective organizations, community and local authority
- Capacity building to formal school teachers

12

Thank You

13

Empowering Persons with Disabilities in the Philippines

Visitacion E. Apostol
Katipunan ng Maykapansanan
sa Pilipinas, Inc. (KAMPI) or Federation of
Persons with Disabilities in the Philippines¹

Country Brief

A. Population and Demographic Data

Capital	Manila
Official Language	Filipino
Currency	Philippine Peso
Population	92 Million as of 2010
Size of family Household	5
Surface Area	300, 000 sq m

B. Administration

The Philippines being an archipelago is divided into 3 main island groups: Luzon, Visayas and Mindanao
It has 16 political/administrative regions and further subdivided into 79 provinces, 113 cities and 1, 499 municipalities

Disability Statistics

- There are 9.2 million Pilipino with disabilities on the World Health
- Organization assumption that 10 percent of every country's given population has some form of disability and 30-35% of there are children with disabilities
- Philippine government estimates that 70% of those with disabilities live in rural areas where services often are not accessible
- Past attempts to include persons with disabilities in national census survey have not been successful because of many reasons to include refusal of families to declare that they have members with disabilities
- Many disability legislation have been formulated but were not implemented because of lack of political will, lack of comprehensive programs and services, low budget allocation from the government, among others.
- Discriminatory attitudes of Pilipinos

Innovative Practices to Empower Persons with Disabilities

An initiative by the Breaking Barriers for Children and Young Adults with Disabilities Project



Breaking Barriers for Children

Projects of
Katipunan ng Maykapansanan sa Pilipinas, Inc.
Danish Society of Polio and Accident Victims
and
Local Government Units

Phase 1	Phase 2	Phase 3	Phase 4
Breaking Barriers Philippines 1995-1999	Breaking Barriers for Children 1999-2003	Breaking Barriers for Children 2003-2007	Breaking Barriers for Children and Young Adults 2007-2011

GOAL of the BBCY project:

To promote the rights and improve the living conditions of poor young adults with disabilities.

BBCY is divided into two component projects:

1. Breaking Barriers for Children
provides free comprehensive rehabilitation services to poor children with disabilities (CWDs), 14 years old and below, through its Stimulation and Therapeutic Activity Centers (STAC).
Some 138 Main and Satellites STACenters have been established in the Philippines since 1995, 138 centers of which are now under the full management and operation of Local Government Units (LGUs) more than almost 15,000 Children with Disabilities.

BBCY is divided into two component projects:

2. Breaking Barriers for Young Adults with Disabilities
aimed at building the capacities of 700 Young Adults with Disabilities (YAWDs), 15-24 years old, for independent, productive and self-determined living through the provision of free comprehensive rehabilitation services and development trainings.
BBY is a follow-up project of BBC 3 project which caters to the needs of beneficiaries of STAC (caters only to children with disabilities 0-14 years) who are already 15 years old and above.

BBCY is divided into two component projects:

2. **Breaking Barriers for Young Adults with Disabilities**

BBY addresses the needs and concerns of poor and highly functional young adults with disabilities as they enter adult life like acquiring an advanced education and training for future employment, getting into a stable relationship and having a family of their own.

9

Mechanisms to implement BBCY model effectively:

- Make available an accessible, sustainable and low-cost rehabilitation and training development facilities.
- Provide free comprehensive physical rehabilitation, pre-school training and social services to poor children and young adults with disabilities.
- Increase the awareness and caring capacity of parents, LGUs, line agencies, disability organizations and other stakeholders in support of children with disabilities.

Mechanisms to implement BBCY model effectively:

- Transfer the models developed by BBCY to partner local government units and other stakeholders.
- Build the capacity of PWDs, YAWDs and parents of children with disabilities for effective advocacy and lobbying.
- Mainstream and socially integrate children and young with disabilities.
- Increase the number of children and young with disabilities attending school.

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BBC PROGRAMS AND SERVICES

1. *Rehabilitation Services*

- Physiatrist Evaluation
- Physical Therapy
- Occupational Therapy
 - Pre-school Training



BBC PROGRAMS AND SERVICES

2. *Parents Training Program*

3. *Social Rehabilitation*

- Social Enhancement
- After-care services
- Livelihood Training for Parents



13

BBC PROGRAMS AND SERVICES

4. *Supplemental Feeding*

5. *Referrals*

- Medical services
- Surgical services
- Social services
- Assistive devices



14

PROGRAMS AND SERVICES

6. *Organizing, strengthening and empowering STAC Parents' Association (STAC-PA) and Young Adults with Disabilities*

7. *Barangay Health Workers' (BHW) Training on Basic Rehabilitation of CWDs*

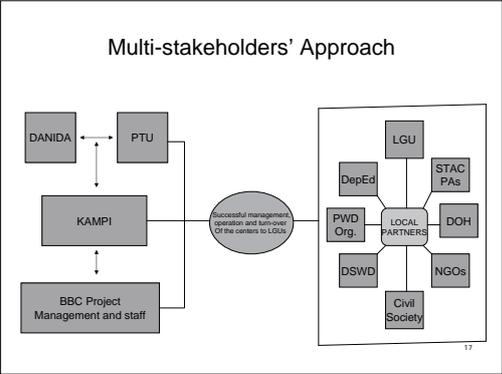
8. *Orientation-workshop for regular teachers and day care workers on Inclusive Education*

15

BBY Programs

1. Rehabilitation Services
2. Advocacy and Lobbying
3. Training and Education on Disability Legislations
4. Social Skills Enhancement and Social Integration Services
5. Technological and Environmental Modification for Self-Determined Living of YAWDs
6. Skills Training and Support Training Services
7. Job market and post-employment services
8. Capacity buildingss
9. Organizing of YAWDs
10. Resource Mobilization and Management

16



CHILDREN UNDER SIEGE
 RICHARD B. DE VILLENA
 Association of Teachers and Adult Leaders
 in the Arts (ATALA)
 Quezon City, Philippines

1

The Story

A child at age 10...

Barefooted and half-naked selling "kakanin" (rice cake).

His earnings goes to his own "baon" and some to his siblings.

Economic background of his family begun to dwindle, because his father was terminated from the company for some reason.

They left their old house and transferred to a "slum" area where they built the house nearby the riverbank.

The house was not conducive for a family of nine.

They lived like a canned of sardines.

His parents were not able to augment much of the family's needs,

2

The child started to go out of their community and look for some ways to earn a living.

scavenge plastics, and other junks that can be sold, also his siblings did the same thing.

The little income he shared it to his parents so they can eat and part of it goes to their studies.

Situation worsen because the father became heavily drunkard, and if they cannot follow instructions from their father, they were physically beaten unto their heads.

Repeated physical abuse happened inside the house.

The child ran away for awhile and lived on the streets for several days.

Without strength of his own he decided to go back, experienced the same maltreatment from his father.

3

a Street Educator who conducted alternative sessions with the children.

The child encountered the "kuya" (big brother)

The Street Educator recognized the child has a skill in visual arts.

The child won several contest in the foundation who gave him educational support and inside the school he obtained good grades.

The child has dramatically changed the course of his life.

Self-confidence came out from the child

because of the trainings on visual and later on, the theater arts.

He was able to study in a state university.

His dream came to realize when he became one of the Street Educators.

He became actively involved in advocacy on children's rights.

4

The story of the child happened early 90's

as of today, many children living in the urban areas of Metro Manila suffering from physical, emotional, and sexual abuses.

Children experiencing difficulties inside their homes,

as a result they left their community and started living on the streets.

Children are affected when they are grown up they lead to prostitution, theft, and drug abuse.

Domestic violence to children are always happening.

Is there a way to change the current situation of the children who are

under siege!!!

5

Childhope Asia Philippines

an International Movement in behalf of Street Children

they provide psychosocial interventions to street-based children of Metro Manila through Street Educators.

Part of the intervention is the alternative sessions focused on children's rights,

protective behavior, drug-abuse prevention, and life goal-setting.

Using methodologies in drama and the arts, children able to express and share experiences which help them to understand more of themselves

able to realize the need to leave the street and start to recovery by means of admission to temporary shelter

and eventual reunification to their families

STREET EDUCATORS ARE TRAINED IN PSYCHOSOCIAL INTERVENTIONS AND CASE MANAGEMENT

6

Tahanan Sta. Luisa

a crisis intervention shelter for girls at risk from the streets and are abused or exploited

provides home life services such as supervised group living experiences,

training in daily living skills, life goal planning,

protective behavior and personal safety, supervised play and recreation,

human sexuality and sex education, para-legal education, health and nutrition services,

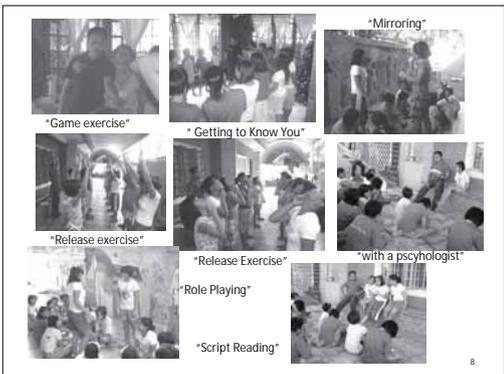
non-formal distance education, values education and spiritual formation,

cultural recreation included the drama therapy which I conduct to the children regularly

with the help of a psychologist and social workers

the children overcome their traumatic experiences using creative drama, dance and movement.

7



Philippine Educational Theater Association
ARTS Zone Project (Advocate Rights To Safety Zone for Children)
conducts series of theater plays entitled Rated PG
five key cities namely Makati, Quezon City, Manila, Pasig and Caloocan.
Our advocacy to school and communities is involved on Positive Discipline,
where children are protected from any forms of physical and emotional abuse
inside the home, the schools, and communities in
general. Using creative approaches
provides knowledge to parents and teachers understand children's rights, child's
development and research on effective parenting.
For the children,
we conduct creative writing and visual arts
to express what they really feel about the discipline being imposed inside their
homes, school and communities
recognizing their responsibilities as children.

9





Increasing the employability of students with mild intellectual disabilities in Singapore

Introduction of 'Soft Skills'

Self Reliance of the Socially Vulnerable and Symbiosis with the Globalised Community

Hsu Yuh Wen



- Skill level: average
- Always punctual
- Hardworking
- Works well with colleagues
- Skill level: very good
- Often late for work or absent without reason
- Does not get along with people

Enabling Masterplan (2007 - 2011)
 ~Ministry of Community, Youth & Sports

One of the desired outcomes:

People with disabilities to achieve self reliance through work, leading independent lives yet contributing to society

1st phase of Vocational Education Prototype

- In 2007, Vocational certification was being prototyped in 2 SPED schools, leading to students acquiring nationally recognised vocational certification
- Workplace Literacy and Numeracy (WPLN) programme was implemented to develop the students' reading and listening proficiencies in English, as well as numeracy skills

Results of the 1st phase of Vocational Education Prototype

- Students were able to find a job within a shorter period of time
- Higher proportion of the students were able to find a job in the open job market
- Feedback from employers - Students' skill level is comparable to other staff with similar years of experience

BUT . . .

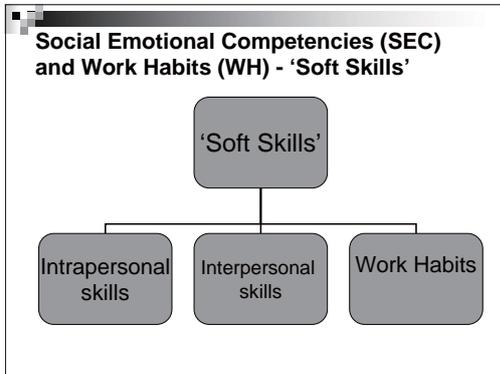
. . . they did not sustain long in the job . . .

Feedback from employers who hired students with mild intellectual disabilities

- Late for work/ absent without valid reasons
- Lack of knowledge in work etiquette
- Lack of initiative
- Poor communication skills
- Lack of problem solving skills
- Lack of physical stamina
- Show little perseverance in task completion, especially routine task

Solution

- Include 'Soft Skills' into Vocational Education curriculum
- Extend Vocational Education to students between 13 to 16 years old, before they start 'Hard skills' training
- Provide every opportunity for students to apply 'Soft skills'
- Contextualised - starting from home/ class context, moving on to community and work



Social Emotional Competence

- Self-awareness
- Self-regulation
- Problem Solving and Decision Making
- Goal Setting and Attainment Skills
- Communication
- Team Work
- Social Relationships

Work Habits

- Punctuality and Attendance
- Personal Grooming and Hygiene
- Work Etiquette
- Pride in Work
- Stamina and Task Completion
- Work Safety

Teaching Soft skills through

- Scenario Discussions
- Project work (school based/ community based)
- Role plays
- Group activities
- Internal school events
- 'Hard Skills' training

Mode of assessment

<p><u>One-to-one assessment</u></p> <ul style="list-style-type: none"> ■ Assess students on communication skills - Problem solving & decision making 	<p><u>Project work assessment</u></p> <ul style="list-style-type: none"> ■ Assess on students' ability to work as a group to plan and execute various projects
--	---

The ultimate goal of Vocational Education is for students with mild intellectual disabilities to be

**Valued in the workforce;
Active in society**

Social Welfare in a Productivist Society

JENESYS, East Asia Future Leaders Programme 2010/2011:
Social Welfare Group

Presented by:
Lin Jingyi
Movement for the Intellectually Disabled of Singapore (MINDS)
Singapore

Current socio-economic climate

- Economic growth as a top agenda of our nation state
- Productivist approach:
 - Economic development takes precedence over social welfare
 - Emphasize on human capital investment
 - Education or skills training
 - Minimise expenditure on welfare
 - Handouts or transfer payments.
- Concept of Self-reliance
 - Singapore's main strength: Human Resource → Focuses on human productivity
 - Empowering every citizen to sustain themselves in the fast-paced globalised community
 - When citizens are not self-reliant, their unemployment will:
 - slow down economic growth
 - lead to increased expenditure on social welfare / dependency on government

Current socio-economic climate

- Economic goals achieved
- But pockets of the marginalized, less privileged population left behind
 - E.g. low-income, the elderly, the mentally ill, or the disabled
 - Why? Inability to work or to keep up with the changing demands of the economy.
- Hence, they may be seen as a “liability” rather than an asset

Challenge 1: Ageing population

- Rise of an ageing population
 - Latest statistics in 2011:
 - Fertility rate fallen to 1.16
 - Dependency ratio has risen to 35.7
- Smaller base of economically active population → Potential increase in social welfare expenditure for the economically inactive
- The government's reaction:
 - Increase infrastructure e.g. build more studio apartments, nursing homes
 - Policies to help elderly remain economically productive
 - E.g. raising the retirement age from 62 to 65 by 2012
 - Providing incentives for elderly to remain in the workforce (to be discussed later).

Challenge 2: Widening rich-poor gap

- Widening income gap ← caused by overemphasis on economic growth?
 - Statistics in 2009
 - Singapore was found with a Gini index of 42.51
- Disparity continues to be perpetuated by some social policies:
- For example, the Central Provident Fund (CPF) policy
 - A compulsory saving scheme that requires employee to contribute a percentage of his income in a CPF account, with the employer matching with a smaller portion
 - Not a progressive form of social security!
 - CPF savings are accumulated as a percentage of a person's income
 - i.e. the rich: higher income → accrue more savings
 - the poor: lower income → accrue less savings accumulates
 - In this instance, there is no redistribution of wealth, and many of the poor low-wage workers end up with little savings for their old age

Workfare Income Supplement (WIS) Scheme: An Innovative Practice

- What is Workfare Income Supplement (WIS) scheme?
 - Introduced in 2007
 - A supply-side policy that provides incentives for older low-wage workers to remain in the workforce by supplementing their wages and CPF savings.

Workfare Income Supplement (WIS) Scheme: How did it come about?

- In 2007: government announced that older low-wage workers above 35 years old will receive lower CPF employer contribution so that they can remain attractive to employers
 - E.g. a worker above 60 years old earning less than \$1200 will receive merely 0% to 3.5% contribution from an employer!
- Hence, to compensate for the lower CPF contribution rate that older low-wage workers receive → WIS was implemented to make up for the loss in CPF savings

Workfare Income Supplement (WIS) Scheme: Who benefits?

- Employed workers and self-employed persons:
 - above the age of 35
 - earning less than \$1500 per month (later revised to \$1700 in 2010)
 - work three out of a six-month period in a year
- Annual payouts can range from less than a \$100 to \$2800 depending the worker's age group and income
- Payouts are given in cash and in their CPF deposits
- Why older low-wage workers?
 - More vulnerable to wage stagnation
 - Tend to be unskilled or semi-skilled, which means they can be easily displaced in a landscape where boundaries to foreigners are highly permeable

Workfare Income Supplement (WIS) Scheme:
Why was it chosen?

- The WIS scheme is basically a keyhole economic policy that meets the needs of older low-wage workers
- Considered far superior to a minimum wage policy:
 - Increases the wages of the workers without upsetting the market equilibrium or causing the unintended unemployment caused by a shortfall in demand and supply
 - More flexibility compared to a minimum wage policy
 - A minimum wage policy is more difficult to withdraw or change compared to a workfare scheme



Workfare Income Supplement (WIS) Scheme:
Overall Goals

- Helps older low-income workers remain in employment
 - Reduce dependency ratio
 - Relieve the burden of an ageing population
- Redistribute wealth to the poor by providing payouts to older lower-income workers
 - may also slow down the widening of the rich-poor gap



Workfare Income Supplement (WIS) Scheme:
Going beyond

- WIS needs to be constantly reviewed and improved to suit the changing needs of the targeted population
- In 2010, WIS was enhanced:
 - Income threshold increased to \$1700 per month so that more workers can be included
 - Payouts increased by \$150 to \$400 per year depending on the workers' age
- In 2009, it was found that 310 000 workers have benefited from the scheme
- Nonetheless, WIS is not the only solution to promote employment and self-reliance
 - Government has also introduced additional schemes to complement the existing framework of social policies
 - E.g. Workfare Training Scheme to promote skills upgrading



Title : Increasing the employability of students with disabilities in Singapore by Increasing public awareness through the efforts of special education schools

Current situations on well-being or social welfare including typical issues in the country

In Singapore, most children would go through the education pathway by attending mainstream schools. For children with special needs, they are educated in either mainstream schools or in special education schools (SPED). Children with mild special needs such as mild Autism Spectrum Disorder or dyslexia are in the mainstream schools while other children with special needs (i.e. intellectual disabilities, multiple disabilities, Autism Spectrum Disorder) are educated in the SPED schools, which are specifically catered to certain types of disabilities.

One of the issues facing persons with special needs in Singapore is the lack of employers' understanding about the different types of disabilities as was reported in the Enabling Masterplan (2007-2011). It was reported that employers were unsure of the best way to handle persons with different disabilities.

One of the main reasons is due to the segregated nature of the schools which do not allow for opportunities such as social interactions and establishment of relationships i.e. friendship among those with and without special needs to take place. Until recently, even students with mild special needs would very likely be referred to special schools as no support was present in mainstream schools at that time. Hence, employers would have been brought up having little chances of contact with persons with special needs as they have been educated in two different settings-mainstream and SPED schools.

In addition, from the focus group discussions from the Enabling Masterplan (2007-2011), some employers have also given the feedback that even with the opening up of industries and more job opportunities given to persons with special needs by employers, their staff would still lack the knowledge of working with them. Hence, persons with special needs may very possibly also encounter difficulties in sustaining a job due to a lack of support from the staff at the worksite.

To add on to the situation, as is reflected in the quote here: "even though many in Singaporean society... have little or no personal experiences with individuals with disabilities, they already have certain perceptions and attitude towards disability." (Lim, Thaver, Slee 2008) Hence, besides facing the hurdle of finding and securing a job due to a lack of understanding of their disabilities from the employers/staff, they could also be challenged by the perceptions employers/staff may already have of them.

Hence, in order to increase the employability of persons with special needs, it is critical to increase public awareness so that they have more understanding of them and that misconceptions are cleared. So far, efforts have been made on the national level to raise public awareness on the various types of disabilities. For example, events

have been held yearly in celebration of the International Day of Persons with Disabilities (IDPD) in Singapore. These events put much emphasis on abilities of persons with special needs, despite their disabilities. The Enabling Masterplan (2007-2011) was also launched to develop areas of improvement needed to enhance the lives of persons with special needs. Under the Enabling Masterplan, the Enabling Employers Network[^] which uses the Open Door Fund^{^^} has been created to encourage employers to employ persons with special needs.

[^] Enabling Employers Network- A network of employers who employ people with disabilities (PWDs). It seeks to encourage more employers on board to provide sustainable work for PWDs, provides job training for PWDs as well as rewarding and recognising employers who hire PWDs.

^{^^} OPEN DOOR Fund- Funding for companies who implement job redesign, workplace modification, training and integration programmes for people with disabilities

An innovative practice which provides solutions to the above mentioned issues

Much effort has been done on the national level to increase public's awareness of persons with special needs in the hope that they would gain more understanding and be more open to employing them. However, public awareness could also be enhanced through the efforts of special education schools (SPED) when SPED schools educate different people in the society on the different types of disabilities and provide chances for them to work with the students in the form of project works or activities.

In Grace Orchard School in Singapore, a Community Partnership Committee was set up to collaborate with different sectors in the Singapore society. The committee collaborates with individuals, corporations as well as students in mainstream schools whom it is aware may become future employers or colleagues with persons with special needs. These groups of people may work with the school in project works such as going into a class to observe and interacting with the students before developing resources to teach them or to conduct activities (i.e. teaching of different kinds of dances). They may be doing so for personal reasons, community service work or part of their schools' CIP (Community Involvement Project). Regardless of the reason, an information session on the school and the different types of disabilities students have i.e. Mild Intellectual Disability, Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder, will be conducted to ensure people will have some level of understanding of the school and the students before they work with them. During the information session, they will also be taught strategies and ways to work with the students i.e. the using of visuals for students with Autism.

Before the commencement of any project work/activity, these groups will also have to come up with objectives

that they want to achieve from the collaboration. The committee then screens and ensures that the objectives are aligned with the school's curriculum goals and that meaningful interaction and reciprocal learning is possible through the collaboration. These efforts ensure that the groups come sincere in learning and working with students with special needs and that they gained knowledge about them.

As part of the committee's agenda this year, it is also holding a campaign to help spread words to the public that students with special needs are no different from the rest of the people. A slogan will be used to drive the campaign and the campaign message will be spread through events such as the information sessions, Pre-voc luncheon (where principals from mainstream and special education schools and potential employers will be invited) as well as during performances outside school.

The collaborations are also constantly reviewed by the committee and there have been sustainable collaborations over the years. The collaborations have benefitted both parties as both students and groups have gained something out of them. Many from the groups have given positive feedback and one of them said "I learnt that the children in Grace Orchard are normal people and not what most people would consider as mentally challenged or even other adjectives that are derogative in nature... So I hope that people would also have a chance to learn of this fact and not discriminate against these children since they're just like us."

Due to the segregated nature of mainstream and SPED schools in Singapore, a lack of understanding and misconception of disabilities people have is inevitable. With the collaborations between SPED schools and the different people in the community, understanding can be enhanced and misconceptions cleared.

References:

Ministry of Community Development, Youth and Sports (2007). Enabling Masterplan 2007-2011. Retrieved January 30, 2011, from <http://www.mcys.gov.sg/enablingmasterplan/MainReport.html>.

Lim, L., Thaver, T., & Slee, R (2008). Exploring Disability in Singapore: A Personal Learning Journey. Singapore: McGraw Hill.

Jobs-ODF | Equal employment opportunities (2008). Retrieved February 7, 2011 from <http://jobs-odf.com.sg/Home/Home.aspx>

Country Report

Everyone needs a well-being life. Thais have learnt to have a quality life under two philosophies that are Sufficiency Economy Philosophy and Contemplative Philosophy. We believe that “Enough” is the first thing that can lead us to the well-being life.

The state is the main of the country administration using the social welfare as a tool to action for the better quality life development for Thai people and to lead them to meet with the sustainable well-being life.

The basic concept of the social welfare service in Thailand is responded to the four basic factors that can be divided into two groups of services, the physical services and life quality development. The physical services are focusing on the residences, food and all kind of facilities. In terms of the life quality development services, they are the services for people to develop education, health and occupation. From 2008 to present, Thai government could succeed on supporting an educational policy. Every student has had an access to education from kindergarten 1-3 to grade 12 with tuition fee exception. For health care services, there is a policy called “30 baht universal health care”. People have been treated by paying only 30 baht for all diseases. In addition, the aged or senior citizens have been supported with the additional allowance and could access public transportation services for free. Moreover, the state established seven strategies to be the mechanisms of social welfare service development of Thailand. It can be seen that they can change the Thai social welfare to the right way and be better than it was.

In 2007, Thai government published a review report of the social welfare services in Thailand. By using the SWOT analysis, five weaknesses of Thai social welfare services were indicated. First of all, the state is not visionary; moreover, the organizations that involve with social services are not integrated cooperate. In addition, acts and policies are not continuous, flexible, and up to date. There are only a small number of people who expert in this field. Finally, the knowledge development and management have still been required.

However, the primary challenge of the quality of Thai social welfare development is how to give the knowledge about their rights to get their services to all Thai people and how to let them know that this is an important thing in their lives. They can be a part to establish the policy and develop the services with the state and the partnership among agencies involved in the social welfare management in Thailand.

Innovative Practice

From the country report of the well-being and social welfare situation in Thailand, we can notice that there are many causes of problems on social welfare administration in Thailand. Despite of several acts and policies, they have not been applied sufficiently. Moreover, the lack of a unity conceptual administration in social welfare service and the efficient resource management are the two problems that should be concerned immediately. However, how to promote or let Thai people know about their rights to receive the social welfare services is the first priority that

Thai government has operated for two years.

Everyone can be a part of the quality services development and equality in receiving services. All Thai people can speak out their needs on what things should be. From this principle, the agencies involved in social welfare in Thailand provided an opened public comment opportunity and listened to them as real customers. Sharing and discussing are the ways of Pluralism model, social welfare services that consider a wide range of individual needs.

At the end of 2008, there was a community discussion forum to listen to opinions and determine choices of social welfare for the Thai people together. This forum was held in cooperation with the seven main organizations involved with the Social Welfare of Thailand. The conclusions of this discussing are as follows:

1. Some certain welfare benefits such as education, basic health care, and labor development should be served for all while some benefits (for the unemployed, elderly, disabled, or disadvantaged people etc.) should be provided to a specific group only such as the poor, or people with physical challenge or disability.

2. The government should increase the role of social welfare to local governments that are the representatives of the state which are the closest to the people. It is a way to help the government respond to the several needs of each local people. They are willing to pay more taxes to fill the budget in terms of social welfare to cover all people in the country with quality. In addition, they would like the government to collect taxes from goods, especially products that harm with health such as alcohol and cigarettes.

Another thing that is considered as an innovation in social work in Thailand is the organization of children and youth. The government has had a new idea to work through an organization of children and youth called The Children and Youth Council. Although the release of the Promotion of the Development of the National Children and Youth Act 2550 B.D. will separate this organization to three levels; national, provincial and district level, in practice, there is a local level organization which works with the local people all time. The state has a new idea to work in social welfare through this mechanism at least start in services for children and youth in Thailand.

Country Report

Bottom-up Perspectives on Social Welfare in Thailand

Mr. Bundith Punsiri
 JENESYS Programme:
 Social Welfare Group
 February 26th – March 9th, 2011



1

Current Situation

National Constitution of Thailand (1997) Decentralization Act (1999)

Centralization Decentralization



2

Local Agencies Involved

❖ Local Authorities

- Local Administrative Organization
 - Provincial
 - Municipality
 - District
 - Sub-district
- Early Childhood Center
- School
- Hospital
- Health Care Center



3

Local Agencies Involved

❖ Organizations

- United Nations Thailand
 - United Nations Children Funds (UNICEF)
 - UN Educational, Scientific, Cultural Organization (UNESCO)
- Thai Health Promotion Foundation
- Internet Foundation for the Development of Thailand
- Mirror Foundation



4

Local Agencies Involved

❖ Academic Institutes

- Public University
- Private University
- Rajabhat University (Community College)



5

Challenges

- ❖ Lack of Support and Resources for Local Capacity Building
- ❖ Lack of Partnership among Agencies
- ❖ Lack of Understanding of Local People on Decentralization Democracy



6

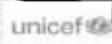
Innovative Practice

Workshop: Rights-based Planning, Monitoring, and Evaluation for the Results for Children (2008-2011)



7

Partners

- ❖ UNICEF Thailand 
- ❖ Department of Local Administration 
- ❖ Faculty of Education, Chulalongkorn University 
- ❖ International Institute for Child Rights 



8

Timeline

2008

- Developing 2-day Workshop Curriculum
- Piloting in Chiang Rai Province

2009

- 1st Revising the 2-day Workshop Curriculum
- National Piloting

9

Timeline

2010

- Final Revising the 2-day Workshop Curriculum
- Organizing More Than 30 workshops in 26 Provinces

2011

- Identifying 100 Local Authorities from 10 Provinces for Intensive 3-day Workshop
- Inviting 4 Local Universities to help be local advisors

10

Content in the Workshop Curriculum

- ❖ Overview of Child's Rights and Child's Rights-based Approach
- ❖ Four Stages of 'Circle of Rights'



11

Expected Outcomes

- ❖ Long-term Partnerships from the Selected Agencies
- ❖ Quality Action Plan from Local Agencies
- ❖ Monitor and Evaluate their Implementation Effectively

12

Thank You

13

Practical Need of Young people with mental problem in Vietnam

Nguyen Nhu Mai Anh

A glance at government policy

- Law on Disability
- Updated Decision, Decree or Guidelines of implantation for social welfares for people with disability
- Government Annual Action plan on social welfare

Supporters for Social welfare and/or well beings

- Government
- International and local NGO
- Individual sponsor

Practical Gaps

- Work
- Arts
- Negative social norms

Work

- There are very few employer is willing to recruit person who have mental problem due to their misconception of the person.

The Network of jobs provider for disable people in Da Nang city Vietnam, established by association of Disability, USAID and DOLISA has reported that, among 76 people recruited, only 12 are continuing with the current job. There is no one with down or autism are recruited.

Arts

- It seems young people in community have better access to recreation activities
- "Life is beautiful" club in HCMC has performed a model of interactive and recreation house for disable children and young people. They have organized weekly live music show, English class, reading club, and talks with trendy topics, etc. However, number of people with mental problem come to the club is low.

Arts

- Young people who live in care and support center have very limited access to the recreation activities.

The Ba Vi Social protection Center (Hanoi) director in said "we only have music show or small events sponsored by some charity groups for the people here once or twice per year. I know it seems we are isolated but we don't know where or which one I should bring them to"

Negative social norms or Stigma and discrimination

- The people with mental problem is the shame of the family
- The young people with mental problem are perceived and treated as dependent ones and unable to live independently

Lan – current situation

- 23 years old, has down syndrome. She completed primary school. She stays at home and could not find any kind of job. Now she lives on the family support. Neighbors and other people feel sorry for the family because of her. She has no friend and very limited social activities. She is now injected with a fear that she would not able to live if her parents passed away by other people.

My cousin – one year later

- 23 years old, has down syndrome. She starts learning soft skills as she wishes. She have part time job as an assistant with the social protection center. She is invested to run a small business (book for rent). She has friends and join social activities with friends and family. She believes she will lead a happy and healthy life no matter what happens.

What innovation can contribute to this change?

from heart to heart – the connecting project

from heart to heart

- GOAL: To create and increase opportunities of development for young people with mental problem in Hanoi, Vietnam

from heart to heart

4 priorities of the project:

- Filling system
- A connecting network
- Linkages
- Advocacy

from heart to heart

- Filling system – to create and maintain the profile for each person in the center with feelings and facts

from heart to heart

2. A connecting network: to engage people who wants and commit to help a person in the center (at least a year) with major activities:

- Regular contact with person via post or email (manage by the network)
- Find opportunities for that person to participate in the social activities, education or work – taking the person out for film, outdoor games, etc with counseling from experts.

from heart to heart

3. Linkages: mapping and involve other organizations/network to learn and share best practices and advanced model

from heart to heart

4. Advocacy to the policy makers:
- Involve the Social department in the implementation process (advisory board).
 - Create opportunities for the participants of the network to voice up for Government plan on Disability.
 - Expand the network to other communities and centers.

Social Welfare in Vietnam 2000-2010



Hien Nguyen

Country profile

- Full name: Socialist Republic of Vietnam
- Location: Southeastern Asia
- Capital: Hanoi
- Area: 331,210 km
- Population: 89 million (UN, 2010)
- Official language: Vietnamese
- GDP: 102 billion USD (2009 est.)
- GNI per capita: 1,010 USD (WB, 2009)



Statistic

- 13.47% poor households (2008);
- 61 districts are poorest where more than 50% of household are in poverty;
- About 5.3 million people with disabilities;
- 1.2 million children with disadvantages;
- About 9 million elderly;
- Millions of people suffer serious consequences of natural disasters per year ...
- 100,000 plus People with HIV/AIDS; single parents ...

Statistic

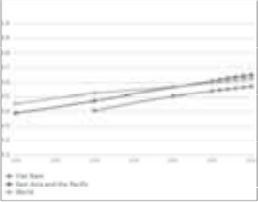
- Average economics growth: 7.3%
- Income per capita increased 2.3 times
- Unemployment ratio decreased from 6.42% to 4.6%. Averagely 1,6 million new employees were recruited every year
- Ratio of poor households decreased from 29% in 2002 to 10% in 2010
- Income disparity between urban and rural area decreased from 2.3 times in 1999 to 2 times in 2008

Statistic

- Regular support expenditure increased from 113 bil VND for 180 000 people to 4 500 bil VND for 1.6 mil people
- Ratio of children who are under 5 that lack of nutrition decreased from 33.8% to 18%
- Average age of life increased from 67 to 72 years
- Percentage of population that have received health insurance increased from 13.4% to 62%. Health care is free for children under 6 years old
- Universalisation of primary and lower secondary education was completed

Human Development Index

- HDI value: 0.572, ranking 113/169 (2010 Report) → below the average in East Asia and the Pacific as a region (0.650)
- Trends 1990 - present:



Challenges and Solutions

- Governmental level
 - Unsustainable development → Decentralize social welfare system in order to conduct following-up programs
 - Limited funding → Enhance the private sector's capacity and develop resources of communities and international donors
 - The gap between policies and action programs → Strengthen collaboration between research, implementation and evaluation

Challenges and Solutions

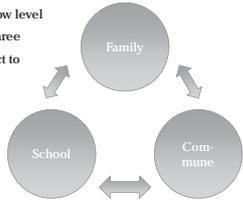
- Local level
 - Lack of education in rural and mountainous areas → Provide training courses and campaigns to raise people's awareness
 - Lack of qualified personnel in social welfare and education sectors → Develop a network of studying, training, implementation, teamwork and monitoring

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Challenges and Solutions

9

- Family level
 - Unequal opportunities and low level of education → Strengthen three strong pillars with the respect to cultural identity

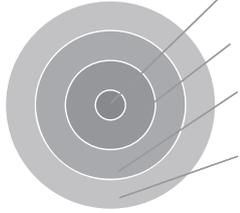


```
graph TD; Family((Family)) <--> School((School)); Family <--> Commune((Commune)); School <--> Commune;
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+

Ripple effect of projects at family level

10



Family, school & commune
↓
District
↓
Province/City
↓
Nation

+

Reference

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- Central Intelligence Agency. *The world factbook Vietnam*. <https://www.cia.gov/library/publications/the-world-factbook/geos/vn.html>. Retrieved on 8th Jan 2011.
- BBC News. *Vietnam Country Profile*. http://news.bbc.co.uk/2/hi/asia-pacific/country_profiles/1243338.stm. Retrieved on 8th Jan 2011
- UNDP. *Human Development Report 2010*.
- Prime Minister Nguyen Tan Dung. *Ensure a better social security and social welfare system is a key of the National Strategy of socio-economic development 2011-2010*.
- Ministry of Labour, Invalids and Social Affairs. *Vietnam Social Security Strategy 2011-2020*.
- Nguyen Thi Lan. *Social welfare in Vietnam - Achievements and barriers to expand*. 8th Oct, 2010

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Thank You!



COUNTRY REPORT -INDIA-

"The problem is not how to wipe out the differences but how to unite with the differences intact." - Rabindranath Tagore

Submitted By:
Boski Sharma
Special Educator,
D-6, Tamana School, Vasant Vihar, New Delhi

1

STATISTICS FOR THE PEOPLE WITH DISABILITY IN INDIA

- According to the Census 2001, there are 21.9 million persons with disabilities in India who constitute 2.13 percent of the total population.
- This includes Locomotor -6.11m, Visual-10.64m, hearing-1.26m, speech-1.64m, mental-2.26m .
- Out of which, 75% of persons with disabilities live in rural areas.
- 49 % of disabled population is literate and only 34 % are employed.

TAMANA

2

CONSTITUTION AND LEGISLATION

Constitution:

- Ensures equality, freedom, justice and dignity of all individuals and implicitly mandates an inclusive society for all including persons with disabilities.
- In the recent years, there have been vast and **positive changes** in the perception of the society towards persons with disabilities.
- It has been realized that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures.

Three Legislations:

1. Persons with Disability Act, 1995(Equal Opportunities, Protection of Rights and Full Participation), which provides for education, employment, creation of barrier free environment, social security, etc.
2. National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 has provisions for legal guardianship of the four categories and creation of enabling environment for as much independent living as possible.
3. Rehabilitation Council of India Act, 1992 deals with the development of manpower for providing rehabilitation services

TAMANA

3

NATIONAL POLICY STATEMENTS

The focus of the policy shall be on the following:

- Prevention of disabilities
- Rehabilitation measures
- Education for the people with disability
- Barrier free environment
- Social Security

TAMANA

4

PREVENTION OF DISABILITY

Since disability, in a large number of cases, is preventable, there will be a strong emphasis on **prevention** of disabilities.

There shall be a:

- **Program** for prevention of diseases resulting in disability
- **Creation of awareness** regarding measures to be taken for prevention of disabilities during the period of pregnancy.

TAMANA

5

REHABILITATION MEASURES

Three distinct groups:

- **Physical Rehabilitation:**
 - Early detection and intervention, counseling & medical interventions, therapeutic interventions(physiotherapy, occupational therapy, speech, etc.)
- **Educational Rehabilitation:**
 - Including the Act, Right to Education Act, 2009(compulsary primary education for ALL the children), *Sarva shiksha Abhiyan/ SSA-* right to education for all
- **Economic Rehabilitation:**
 - Employment in Government Establishment, Quota system for employment to people with disability(3%), Wage Employment in Public Sector, Self Employment, etc.

TAMANA

6

BARRIER FREE ENVIRONMENT

- Public buildings (functional or recreational), transport amenities including roads, sub-ways and pavements, railway platforms, bus stops/ terminals, ports, airports, modes of transports (bus, train, plane and waterways), playgrounds, open space etc. will be made accessible.
- Use of sign language in all public functions will be encouraged.
- Banking system

TAMANA

7

SOCIAL SECURITY :

- Regular review of the policies of tax relief granted to the PWD
- State Governments and UT Administrations will be encouraged to rationalize the amount of pension and unemployment allowance for persons with disabilities.
- Life Insurance Corporation of India has been providing insurance cover to persons with specific type of disabilities. There is a need to encourage all insurance agencies to cover persons with disabilities without exception.

TAMANA

8

CHALLENGES....

Although government has given the Policies and Acts for the PWDs, but its all on **paper**. We face the following challenges :

- Enforcement of laws
- Setting up a "Right Based Inclusive Society".
- Find out the exact numbers of PWDs in India.
- Getting every child into school.
- After completing school- having Vocational education and finally economic rehabilitation
- Screening of disability- we still do not have any National tool for screening.
- Creating awareness about disability and their rights.
- Covering the Gap between Urban and Rural lifestyle, culture and view point.

TAMANA 9

INNOVATIVE PRACTICE- AT TAMANA

Voluntary organizations like Tamana are a link for ensuring that Government policies and provision reach the PWDs. The voluntary organization are the **Grass Root Providers**.

- Providing special education, therapy and intervention and Counseling to children and their families.
- Maintaining a motivated, dedicated and quality-conscious team of professionals.
- Contributing to the training and development of manpower in the field of special education.
- Providing legal advocacy services
- Introducing relevant technology to enhance the effectiveness of special education.
- Conducting research in key areas of special education and training.
- Creating and enhancing greater public awareness, understanding and acceptance of people with special needs.
- Networking with organizations worldwide

TAMANA 10

TAMANA- A WAY FORWARD

Tamana is a registered voluntary NGO recognized and assisted by the Government of India. It is in Special Consultative status with Economic and Social Council of United Nations.

Our Philosophy: "If you treat an individual as he is, he will remain as he is. But if you treat him as he ought to be and could be, he will become what he ought to be and could be....."

Our Goal: Providing Holistic Developmental education to children with Special needs to effect optimum adult rehabilitation. Tamana caters to Intellectual Disabilities, Multiple Disabilities and Autism.

Tamana was started in a small shed with four children in 1984. Presently Tamana has 300 students on roll, and 125 staff members distributed over three branches in Delhi-

- o School of Hope and Autism Center
- o Tamana Special School
- o Nai Disha Vocational Center

TAMANA 11

TAMANA SCHOOLS





Various programs offered in our three schools are:

- Special Education
- Therapeutic Interventions: Speech, O.T., P.T, Yoga, etc.
- Vocational training: Computer Operator Training, Block Printing unit, Paper Recycling, File Making, Cutting and Tailoring, Bakery Unit and Mini- Pickle Unit for the adults with disability.
- Diagnostic Services
- Early Intervention program
- Teacher Training Cell
- Residential Facility (first to introduce in INDIA)
- Formal Education-National Institute for Open School(first to introduce in INDIA)
- Advocacy and Awareness,
- Extra curricular activities like sports, dance, music, drama, etc.

TAMANA 12

A line that always inspire me.....

"We are no different, and don't have special needs, neither do we want you to pity on us.....we want LIFE..our own LIFE...and our OWN WAY to LIVE IT..So just LET ME LIVE MY WAY "

THANK YOU

www.tamanaindisia.org

TAMANA 13

India- 63 Years of Independence

- ◆ India faces challenges the size of an elephant, but the world's largest democracy is living up to the dreams of 1947..
- ◆ The challenges facing the subcontinent, are enormous. But none of this means that the country's massive shift is an illusion. " That old Indian Fatalism has gone." Indeed, these days the new slogan that has appeared and has captured the excitement and promise palpable in may parts of the country is,

" My India is Young"

Rituparna Sarangi, India

India at a Glance

- ◆ The Indus Valley civilization, one of the world's oldest, flourished during the 3rd and 2nd millennia B.C.
- ◆ The Maurya Empire of the 4th and 3rd centuries B.C. - reached its zenith under ASHOKA
- ◆ The Golden Age ushered in by the Gupta dynasty (4th to 6th centuries A.D.) saw a flowering of Indian science, art, and culture
- ◆ In the 10th and 11th centuries, Turks and Afghans invaded India and established the Delhi Sultanate. In the early 16th century, the Emperor BABUR established the Mughal Dynasty which ruled India for more than three centuries
- ◆ European explorers began establishing footholds in India during the 16th century. By the 19th century, Great Britain had become the dominant political power on the subcontinent
- ◆ Nonviolent resistance to British rule, led by Mohandas GANDHI and Jawaharlal NEHRU, eventually brought about independence in 1947. Communal violence led to the subcontinent's bloody partition, which resulted in the creation of two separate states, India and Pakistan
- ◆ The two countries have fought three wars since independence, the last of which in 1971 resulted in East Pakistan becoming the separate nation of Bangladesh
- ◆ India's nuclear weapons tested in 1998
- ◆ Despite pressing problems such as significant overpopulation, environmental degradation, extensive poverty, and widespread corruption, rapid economic development is fueling India's rise on the world stage. In January 2011, India assumed a nonpermanent seat in the UN Security Council for the 2011-12 term

2

Main

- ◆ Area : 3,287,623 Meter Sq Km
- ◆ Capital City : New Delhi
- ◆ Currency : Indian Rupee (INR)
- ◆ Form of Government: Parliamentary (Presently United Progressive Alliance, Congress Lead Coalition is the ruling party)
- ◆ Head of State President: Mrs. Pratibha Patil
- ◆ Prime Minister : Dr. Manmohan Singh
- ◆ Foreign Minister: Mr. S.M Krishna
- ◆ Languages: Official Language: Hindi written in Devnagri Script.
- ◆ Religion: Secular State
Freedom of religion is protected under the Constitution.
- ◆ Membership of International Groupings: Commonwealth, United Nations and the United Nation Human Right Council, Worl Organisation,G20, SAARC,Asians (Dialogue Partner),G4,IBSA

3

India Key Statistics

- ◆ Population - 1.17 Billion (July 2009 estimated,2nd in the world)
- ◆ Urban Population - 28%
- ◆ Population Growth Rate - 1.47%
- ◆ Life Expectancy - 63.6 Years
- ◆ Literacy Rate - 68 % (as per 2007 record)
- ◆ Religions

Hindu	-	80.5%
Muslims	-	13.4%
Christian	-	2.3%
Sikh	-	1.9%
- ◆ Major Ethnic Groups

Indo Aryans	-	72%
Dravidians	-	25%
Mangoloate & Others-	-	3%

4

ECONOMY

- ◆ India is developing into an open-market economy, yet traces of its past policies remain
- ◆ Economic liberalization, including industrial deregulation, privatization of state-owned enterprises, and reduced controls on foreign trade and investment, began in the early 90s
- ◆ India's diverse economy encompasses traditional village farming, modern agriculture, handicrafts, a wide range of modern industries, and a multitude of services
- ◆ In 2010, the Indian economy rebounded robustly from the global financial crisis - in large part because of strong domestic demand - and growth exceeded 8% year-on-year in real terms
- ◆ BASIC ECONOMIC FACTS
 - ◆ GDP :From 2004 until 2010, India's average quarterly GDP Growth was 8.40 % reaching an historical high of 10.10 percent in September of 2006-11th largest economy in the world
 - ◆ GDP by sector : Agriculture 17.5%, Industry 20%, Services 62.6 %
 - ◆ Major Trading Partner : UAE-13.4%, USA-10.9%, China-6.5%, Singapore- 4.3%, Hong Kong - 4.4%
 - ◆ HDI : 132 out of 180 Countries.
 - ◆ Real GDP growth: -9.4%

5

Administrative & Governance

- ◆ India- A Federal Republic adopted the Constitution on 26th January 1950
- ◆ Constitution- Indian constitution provides a system of Parliamentary & Cabinet government both at the Centre & in the States
- ◆ Administrative Units- 28 States and 7 Union Territories with constitutionally defined Powers of Government
- ◆ India has a robust Parliamentary tradition, an independent Judiciary, Professional & Air Political armed forces, a vibrant civil society and free and outspoken Media

6

Human Rights

- ◆ India has signed and ratified all of the major international Treatise and Covenants on Human Rights
- ◆ There has been progress on Human Rights in a number of areas, including Womens Rights, Child's Rights and Rights of Socially & Economically disadvantaged sections like Minorities, Schedule Castes and Schedule Tribes
- ◆ An important recent development in the context of Human Rights has been the adoption of the 2009 Right to Education Act guarantying Free Compulsory and Quality Education for Children aged 6-14 years
- ◆ Affirmative action through reserving Government jobs and Seat in Educational Institutions has had some impact to empower the marginalized sections

7

India's Progress

- ◆ Development has always occupied centre-stage in the Indian polity
- ◆ Achievements since independence include improvements on several fronts like the food security status, literacy rate, life expectancy, health care improvements among many others
- ◆ But Development has not been equitable
- ◆ Regional imbalances, inter-state disparities and intra-state variations exist
- ◆ One of the areas where disparities is most evident is the Health Sector
- ◆ In spite of consistent efforts by the Indian Government, India is Home to 65 % of world's leprosy population & 10% of world's HIV burden
- ◆ India being home to the worlds largest leprosy population, efforts directed towards its elimination are inadequate compared to health issues like HIV

8

Global Efforts

- ❖ Chairman of the Nippon Foundation and WHO's Special Ambassador for the elimination of Leprosy, Mr. Yohei Sasakawa's vision of mainstreaming the leprosy affected is one of its kind initiative across the globe
- ❖ Mr. Sasakawa's efforts are directed not only towards medical rehabilitation but also towards the social & economic rehabilitation which will ensure the eradication of the disease and overcoming the stigma that has plagued those affected since biblical times and beyond
- ❖ Sasakawa India Leprosy Foundation- SILF the brainchild of Mr. Yohei Sasakawa and is the first global initiative in mainstreaming the leprosy affected through socio economic measures

9

Time to Retrospect

- ❖ Today even as India is poised to emerge as one of the world's strongest Economies, our superstitions still overshadow scientific reasoning on some very important issue like *Leprosy*
 - ❖ Disease control marked the Indian government's initial approach, starting in 1955 with the creation of the National Leprosy Control Program for surveillance. In 1983, with the availability curative multi-drug therapy, the government changed the name to the National Leprosy Elimination Program (NLEP), with a focus on treatment
 - ❖ NLEP has been successful in reducing the Prevalence Rate which stands at 2.4 per 10,000 population
- Facts about Leprosy-*
- ❖ Leprosy is caused by a bacillus called *Mycobacterium Laprae*. It affects mainly the skin & the nerves
 - ❖ However, Leprosy is Curable and not Hereditary
 - ❖ Free Treatment is available
 - ❖ Social discrimination has no place
 - ❖ Over 99% of people have a natural immunity or resistance to leprosy

10

SILF's Efforts in Restoring Human Dignity

- ❖ SILF's activities encompass a host of strategized initiatives, aimed at both enabling people affected by leprosy and their families residing in self-settled colonies to gain access to education and livelihood projects
- ❖ Instituted in November 2006, SILF started supporting livelihood projects in Jan 2009. In spite of being at a nascent stage, till date SILF has supported approximately 1000 direct beneficiaries residing in 80 self settled leprosy colonies across 43 cities in 14 different states
- ❖ A strong and efficient leadership has made it all possible and aims to accomplish more in future..
- ❖ Very rightly said by the Director of SILF- Dr. Vineeta Shanker,

** The integration of those marginalized on account of having had leprosy, or belonging to families that have been affected by it, must be part of the vision of India as an economically, politically vibrant and socially enlightened and just democracy .*

11

Leadership & Social Change- Making a Difference

- ❖ We need to rethink the concept of Leadership because it has both institutional and individual dimensions
- ❖ At its worst, leadership is authoritarian and dictatorial. At its best, it has open channels of communication for a broad range of ideas to influence decisions and policies
- ❖ A good question to consider in thinking about leadership is:
To whom is the leader responsible?

12

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Country
Report

Australia

Eliza Duggan

Improving the lives of Australians

Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Key Statistics

- Population: **22,557,738**
 - 50% third generation Australian
 - 25% people in Australia born overseas (Europe and Asia)
 - 2.5% of population Indigenous Australians
- Main language: English
- Religion: 64% Christian
- Average weekly earnings: AS\$1,259



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Australia's Social Welfare System

The Australian Government funds and provides:

- Health care (Medicare)
- Social Security Payments
- Social supports:
 - Public housing
 - Aged care service
 - Disability Support Services
 - Family Support Services



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Prevailing Social Issues in Australia

Housing and Homelessness

- Approx 105,000 people are homeless each night in Australia

Ageing population

- The proportion of working aged people compared to those over 65 is decreasing

Mental Health

- 1 in 5 Australians experience mental illness each year

Disability Support

- 3.9m Australians have a disability



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Prevailing Social Issues in Australia

Economic and social participation

- Tackling intergenerational welfare dependence
- Young people are twice as likely to be unemployed

Family Support and Child Protection

- In 2007-08, almost 200,000 Australian children were subject to a child protection investigation

Indigenous Disadvantage

- Average life expectancy 11.5 years lower than for non-Indigenous



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Welfare Payments Reform: An Innovative Approach

Reforming Australia's welfare and family assistance payment system to foster responsibility and to provide a platform for people to move out of welfare dependence.



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

What are we trying to achieve?

- Improving the lives of children
- Addressing intergenerational welfare dependence
- Encouraging social and economic participation



Eliza Duggan - Australia

Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs

Income Management

- Directing part (50%) of a person's welfare payment to food, clothing, medicine and other necessities.
- Money cannot be spent on alcohol, tobacco, and gambling products.
- Building money management capability.



Eliza Duggan - Australia

National Commission
Department of Families, Housing,
Community Services and Indigenous Affairs

School Enrolment and Attendance Measure (SEAM)

- Young people from poorer families are less likely to attend school and complete their education. A high proportion of these children are from families are in receipt of welfare payments.
- SEAM encourages parents to ensure their children are enrolled at and attending school by placing conditions on their welfare payments.



Eliza Duggan - Australia

National Commission
Department of Families, Housing,
Community Services and Indigenous Affairs

Cape York Welfare Reform

- Creating incentives
- Promoting positive social norms, including greater responsibility
- Reducing the passive receipt of welfare
- Restoring local authority
- Increasing economic participation



Eliza Duggan - Australia

National Commission
Department of Families, Housing,
Community Services and Indigenous Affairs

Thanks and Questions

Eliza Duggan - Australia

Current situations on well-being or social welfare including typical issues in the country

Social inclusion is strongly connected to the health and well being of Australians. Support for the artistic aspirations of people with a disability has a positive impact on the community, fostering self-empowerment, and creativity. Arts participation has a role in building resilience, increased mental and physical health in the community.

One in five people in Australia who have some form of disability may encounter barriers which prevent them from accessing cultural experiences and engaging in artistic expression.

Audiences with a disability may find it challenging to acquire information about arts and cultural events in a range of accessible formats or be limited by a lack of wheelchair access. People with disabilities may experience financial constraints due to additional equipment and support worker costs limiting access to training, studio spaces, funding and professional opportunities to assist their art practice.

Older Australians also have significantly lower levels of cultural participation than the overall population. Evidence exists that involving older Australians in creative activities has an impact on improving social, mental and physical health by maintaining good health, reducing the onset of disease and risk factors that drive the need for long-term care. For people with a disability who have high support needs, art therapy often offers one of the few creative outlets available aiding providing vital opportunities for rehabilitation.

These issues highlight the need for direct consultation of people with a disability in the development of arts practice and policy and the importance of enhancing creative pathways with a view to increased employment and education.

An innovative practice which provides solutions to the above mentioned issues

Going to the cinema is among the most popular cultural activities, yet it is a widely inaccessible experience to audiences with a disability. Since 2004, The Other Film Festival in Melbourne has been promoting positive social change in the way in which people with a disability are included in aspects of the cultural life of the community. A project of Arts Access Victoria, it is Australia's only fully accessible film festival delivering heightened sensory and physical venue access to all patrons. This includes marketing and promotional materials being produced alternative formats, ticketing, venue way-finding, staff training, venue modifications, and the provision of Auslan sign interpreters. Open Captioning depict subtitles for the deaf and hearing impaired. Audio description verbally

describes what is happening on screen for the vision impaired, streamed through headsets narrating visual clues such as settings, costumes, and body language spoken between the periods of dialogue.

By screening contemporary cinema depicting the experience of disability, The Other Film Festival addresses the lack of visibility of authentic representation in mainstream media. The festival ensures that film selection committee, forum presenters and Jury are comprised of at least 50% representation of people with a disability. Acting and filmmaking workshops are held to increase networking opportunities and skills development.

In providing an increasing range of access services and venue modifications, the festival has made it possible for wide audiences with a disability to participate in screen culture events. In 2010, I was invited to be among the Jury selection panel with filmmaker Tony Sarre, who has less than 3% vision, Rob 'Eyeborg' Spence, a one eyed Canadian documentary maker who placed a camera in his missing eye and Oscar winning animator Adam Elliot, who depicted a character with Aspergers syndrome in his film Mary and Max. The festival received record attendance and widespread media attention. It followed the success of the community grassroots campaign, 'Action on Cinema Access'. In July 2010, the Australian Federal Government announced a funding contribution \$470,000 to subtitling and audio description facilities in cinema after a call from disability groups for increased access. This successful outcome will result in Australia having the highest rates of cinema access in the world to over 40% across the country.

Supported employment as a life intervention for people with lived experience of mental illness.

Workwise Employment Agency
MR KIERAN MCHALE BA (HONS)

New Zealand 1

New Zealand



Population 4.4m
 2.9m of working age (18-64)
 Unemployment rate 6.5%
 Export & tourism

2

Mental Health

20% of the population or 1 in 5 New Zealanders

Social welfare:- Sickness Benefit 41.7%
 Invalid Benefit 29.5%

Poor mental health is linked with suicidal behaviour (such as suicide attempts) and increased mental health service use

People with an experience of mental health issues are more likely to be physically unwell and the vice versa is also true

3



4

'Every man's work, whether it be literature, or music or pictures or architecture or anything else, is always a portrait of himself'.

Samuel Butler (1612-1680) British poet and satirist

5

Individual Placement and Support (IPS)

1. Competitive employment is the primary goal
2. Everyone who wants it is eligible for employment support
3. Job search is consistent with individual preferences
4. Job search is rapid: within one month
5. Employment specialists and clinical teams work and are located together
6. Support is time-unlimited and individualised to both the employer and the employee
7. Welfare benefits counselling supports the person through the transition from benefits to work.

6

Stages of journey

Planning and preparation:-	Initial assessment Interview techniques Curriculum vitae review
Search:-	Employer approaches Applications
Support:-	Learning of role Problem solving

7

Results

Improvement in dress, manner, communication skills, mood and quality of interactions with family and friends.

Reduction of benefit usage.

People reporting the good 'feeling' of having a reason for getting out of bed, or a reason for living and how this contributes positively to their lives.

People interacting more with their communities through work leads to other opportunities arising both socially and for other work options.

A decrease in health support needs.

Longer periods of wellness.

8

Title : Status report on the rights of the People with Intellectual and Mental Disabilities

Current situation on the well-being of the People with Intellectual and Mental Disabilities (hereafter as PIMDs), the problem of a social welfare based policy, and some typical issues in China

1. Chinese laws cannot guarantee the implementation of the *Convention on the Rights of Persons with Disabilities* (hereafter CPRD) at this stage. *The China Persons with Disabilities Law of 1991* was amended in 2008, but problems persist, namely with the lack of a clear protection apparatus, the absence of a responsible and accountable enforcement agency, and the missing of punishment rules in cases of violation. The CPRD was ratified into effect since August 31, 2008 and seeing that China has fulfilled its duty and submitted its status report in August 2010 to the committee, we can see the ratification of the CPRD in China can provide a good opportunity to the improvement of Chinese national laws.
2. The government is willing to improve disability benefits but it does not have a high regard on disability rights. China has signed and ratified the *International Covenant on Economic, Social and Cultural Rights* but has not yet ratified the *International Covenant on Civil and Political Rights*. Since 2005, the government has largely increased the budgets in benefits and services for persons with disabilities (hereafter as PWDs) in education, employment, rehabilitation, medicine. Due to this action, a good portion of PWDs enjoy a great marginal improvement in their quality of life. On the other hand, their independency, the right to political participation and the right to social participation have been ignored wholeheartedly. Moreover, the above mentioned benefits and services are mostly enjoyed at the city/township administrative level, while the 80 million of rural PWDs have not received much support from the government. The government restricts the formation of civil society organizations, disability persons' organizations, and as a results, many civil organizations and institutes for PWDs services are facing increasing difficulties and struggle to survive.
3. The government has not been active in its duty of protecting PIMDs. PIMDs are vulnerable and subjected to many violations of their right to life, right to health and personal integrity. In the recent years, we have seen many cases of the murdering of PIMDs by their family members and relatives. It is common that the perpetrators would be sentenced to three years imprisonment with a probation period of four to five years; this sentencing trend can send a signal to the society that PIMDs do not deserve equal right to life. Furthermore, there are cases of trafficking and using PIMDs as forced labours every year. The number of victims in each case ranged from three to six to five or six hundreds. In the course of being forced labourers, they are subjected to restrictions on personal freedom, beating and all kinds of injury; many were killed as a result.

The Provision of Remedies to the above issues by Enable Disability Studies Institute

EDSI was founded in October 2009. The organization dedicates itself in promoting the CPRD and the idea of independent living. The protection of the rights of PIMDs will be the focus of our work from 2010 to 2013.

Our work will mainly take two approaches: educate the public about disability rights and provide legal aid for NGOs in the field of disability. The former will aim to educate PWDs about the rights they are entitled to, and the latter advice the PWDs of what to do in case of a right violation.

The rights education part will be done in a series of videos, made opened to the public via the internet. We will film six to ten episodes of “EDSI Commentary” each month on PWDs related hot topics, current news and policies etc. On top of that, we will make a series of “Open Lecture” videos on deeper issues such as the CRPD (estimate 20 episodes), independent living (20 episodes) by the researchers from our institute.

For our legal aid part, EDSI has signed contracts with 12 PIMDs services providing organizations to train one employee in each in the area of law and one local lawyer to be a volunteer to that organization. At the same time, the organization has to promise that, regardless of whether the person-in-need-of-aid is a service- receiver-in-exchange-for-fees in that organization, it has to report to EDSI immediately and act with the support of EDSI and EDSI’s legal team to take legal action. At this moment, EDSI has already provided consulting services for fifty-four cases for contracted parties employing our legal aid service. With such a cooperation, we have also held twelve seminars on legal matters and cases, and acting as the principal agent in five cases.

Title : Challenges of Social Welfare Issues in the Republic of Korea: with focus on the Challenged

Current situations on well-being or social welfare including typical issues in the country

In the Republic of Korea(hereafter ‘Korea’), the Ministry of Health & Welfare is the main government body to deal with social welfare issues. In addition, other ministries and agencies have their own roles and responsibilities concerning social welfare when it comes to their respective domain or jurisdiction: For instance, in case of the challenged, the Ministry of Education, Science and Technology would promote education for anti-discrimination against the challenged and the Ministry of Employment and Labor should ensure employment policies for the challenged, while local governments would regulate and financially support the construction of facilities for the challenged, especially at public buildings and facilities.

Like other countries, Korea are also faced with a lot of social agendas affecting social welfare such as low birth rate, population aging, national pension system, long-term unemployment, wage gaps, and other newly emerging issues that need long-term plans of public and private sectors. Among this broad range of key issue areas, this report will focus on the policies and current situations concerning the challenged in Korea.

The statistics shows that currently 2,517,312 the challenged are officially registered in Korea (as of December 2010). To help improve the quality and conditions of their lives, the Korean government has been developing a series of policies and tools for implementation.

For capacity-building of the challenged especially for their living, the volume of and accessibility to vocational training for the challenged have increased dramatically, while job opportunity has also increased significantly. More efforts have been put both in the creation of job appropriate for different types of disabilities and in the coordinating of effective job search between employers and employees with careful measures for special needs. These efforts come from all different segments of society, from the government to governmental organizations to non-governmental organizations, respectively but also often in collaboration with one another.

For the improvement of income security, subsidies for low-income the challenged as well as pensions for low-income persons with severe disabilities have been significantly enhanced.

To ensure rehabilitation and independent living of the challenged, more efforts and resources have been invested to the building and improvement of residential facilities, care centers, and public facilities for special needs.

Most importantly, under cooperation between public and private sectors, the policies for anti-discrimination against the challenged have been enhanced, and the stronger measures to protect their rights have been employed. Still, in actuality, indirect or subtle discriminations persist in the society, and it will take a longer time and more efforts by everyone to ensure a true sense of anti-discrimination.

An innovative practice which provides solutions to the above mentioned issues

Among many innovative practices tried out in Korea, the first one to be highlighted is the Anti-discrimination

Against and Remedies for Persons with Disabilities Act (hereafter, 'the Act'), which was enacted on April 11, 2008 and entered into force on April 11, 2009. Korea also declared world-widely its intention to ensure rights of and anti-discrimination against the challenged by signing and ratifying the UN Convention on the Rights of Persons with Disabilities, which became in effect in Korea from January 2009.

The implementation of the Act on the ground was then ensured through a series of policies and programmes, such as, for example, "the Monitoring Programme for the Implementation of the Anti-discrimination Against and Remedies for Persons with Disabilities Act (hereafter, 'the Monitoring Programme') This Programme is carried out by the collaboration of the government, governmental organization(the National Human Rights Commission, hereafter 'NHRC') and NGOs(such as DDASK established to promote the legislation of the Act)

In terms of actions from the government, the Ministry of Health and Welfare looks over the implementations of the Act and other relevant laws and raises public awareness of the Act and other key laws through educational programmes, public forums and campaigns, while also coordinating government grants and financial supports for the Monitoring Programme.

Meanwhile, many NGOs are also carrying out effective programs and advocacy campaigns. For instance, some NGOs like DDASK are active and effective in identifying cases of discriminations against the challenged. On behalf of those discriminated, DDASK would file complaints to NHRC (cf. Any individual or organization is granted the right to file human rights violation cases to NHRC). Once receiving complaints, NHRC has an authority to undertake an investigation with some methods such as interview, survey, material or paper inspection, on-site inspection, and so on, in order to resolve the complaints. Then the investigation report by NHRC would be submitted to the Commission (Plenary Committee, Standing Commissioners' Committee, or other sub-committees) for deliberation and final decision. There are four types of decision, namely, Acceptance, Dismissal, Rejection without Deliberation, and Conciliation. The NHRC should then forward the written notice of case results to the involving parties. In addition to the active response to the cases filed by the victims, the NHRC also organizes Monitoring Teams, consisted of experts in social welfare, representatives from civil society and NGOs, NHRC staffs and the like, in order to actively identify discrimination cases.

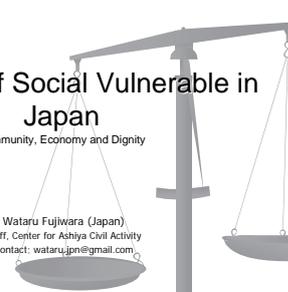
*Examples of complaints and their resolutions

- Insurance companies cannot refuse taking insurance contracts with the challenged simply based on their disabilities
- For the voting right of the challenged, the practical accessibility to the voting place ought to be provided.

Situation of Social Vulnerable in Japan

Community, Economy and Dignity

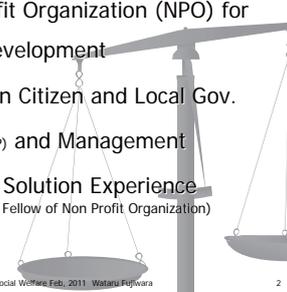
Wataru Fujiwara (Japan)
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About myself

- Staff, Non Profit Organization (NPO) for Community Development
- Bridge between Citizen and Local Gov.
- NPO History (JP) and Management
- Homelessness Solution Experience (@N.Y.C, As a JPF CGP Fellow of Non Profit Organization)



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My Opinion

- Well-being = Living with dignity
- Neighborhood Community Supported the Vulnerable → Lost Community
- Limitation of Economical Aid (Fiscal Depression) → Anxiety for NOW & FUTURE
- Needs Re-Building Community → Balance Economy & Dignity

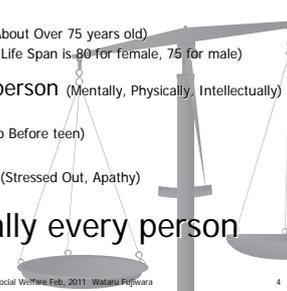


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Overview of Japan Who is "Vulnerable"?

- Aged Person (About Over 75 years old)
ex: JP AVG Life Span is 80 for female, 75 for male
- Handicapped person (Mentally, Physically, Intellectually)
- Children (Infant to Before teen)
- Office Worker (Stressed Out, Apathy) etc.....

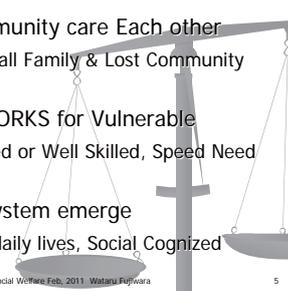
Potentially every person



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Who Care? (Cultural, Historical Story)

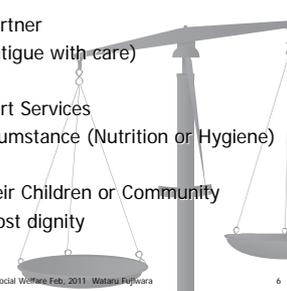
- Family & Community care Each other → Aged, small Family & Lost Community
- There were WORKS for Vulnerable → Automated or Well Skilled, Speed Need
- Formal Care system emerge → Support daily lives, Social Cognized



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Aged

- Care by Aged partner → Burn Out (Fatigue with care)
- High Cost Support Services → Bad Life Circumstance (Nutrition or Hygiene)
- Neglected by their Children or Community → Loneliness, lost dignity

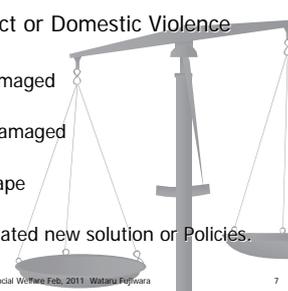


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Children

- Parental Neglect or Domestic Violence
- Mentally Damaged
- Physically Damaged
- Hard to escape

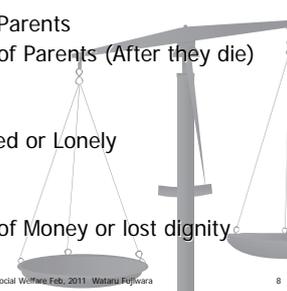
→ Gradually, created new solution or Policies.



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Handicapped

- Care by Aged Parents → Anxiety of Parents (After they die)
- Friendless → Frustrated or Lonely
- Workless → Anxiety of Money or lost dignity

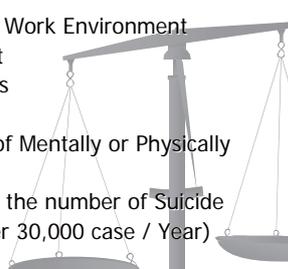


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Office Worker

- High Pressured Work Environment
 - Tired Out
 - Friendless
 - Anxiety
 - Disease of Mentally or Physically

→ Increasing the number of Suicide (about Over 30,000 case / Year)



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Policies for Solution

Good Points

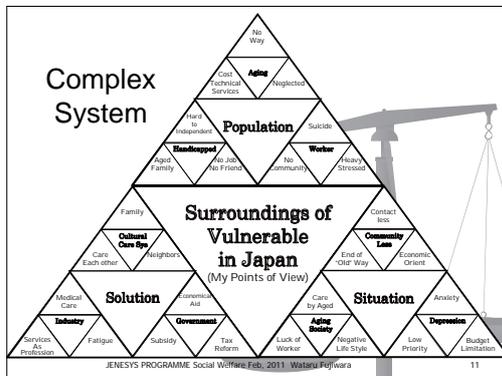
- Policies for each "Social Vulnerable" settled
- Social Awareness Advanced

Bad Points

- Solutions based on Economy is Limited in;
 1. The Effectiveness
 2. The Budget



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Begging of Solution

Create Re-New Community

- Re-Building Communities
 - For Create New Leaders
- Gather Up the Specialized NPO
 - For Create New Supporters
- Policy Messenger
 - For Raise up the accuracy of Policies Effectiveness



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Expectation

- Other Area situation
- Something what we can do together
- Strong Relationship over the Countries



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Current situations on well-being or social welfare including typical issues in the country

In general, issues about social welfare in Asia are related to social injustice in each country. Some governments use strong or violent power against the weak, on the other hand, exercise of such power is not so obvious in other countries including Japan. However, Japanese society faces challenges relating to injustice. Some people are marginalized or isolated from the society. Those who are called “minority people” or “the socially vulnerable” are not only the people with physical or mental disabilities but also the elders, immigrants who seek jobs, those who are suffering from intractable disease such as Parkinson's disease or Alzheimer's disease, the homeless and the people called “single-parent”. They have stated their own voices to get their rights to live against the government and have gotten their own rights little by little. Japanese social welfare system is legislated so that the disabled can live by themselves by laws such as the Livelihood Protection Law in 1950 and the Disabled Persons Fundamental Law in 1970 (revised in 2004).

The system is under the assumption that such people can get jobs and earn money, but Japanese society has not yet been ready to accept them. In such a condition, it is almost impossible for them to make lives by themselves and to live with “non-disabled” people. They are considered as the weakest of the society to be controlled or protected by the government, the laws or the strong or authority. For instance, the disabled people tend not to go out but to be in hospitals or their houses, being cared by other people, and to be controlled and managed by their doctors and family members.

For the disabled and the weak, it is difficult to live in a survival society. Some are suffering from difficulties to accept their situation and others are struggling against prejudice and discrimination from the society or their communities. Moreover, some people who are non-disabled are struggling against to be “good” or to be valued by their parents, teachers or leaders. Under these stresses, they cannot express their weakness and they have some problems physically and mentally.

An innovative practice which provides solutions to the above mentioned issues

Issues relating to social welfare cannot be solved only by a government. We need to think them comprehensively by taking both bottom-up and top-down approaches. Although it is difficult to address these issues using the integrated views, there are some communities where such approaches are being applied. One successful example of them is Bethel House.

Bethel House is located in Urakawa, Hokkaido, the northern part of Japan. Comparing with other areas, in Urakawa, there is high percentage of those who are suffering from mental problems. Urakawa faces various problems linked with poverty and discrimination against the minority group called “Ainu” who has been treated differently from the majority. They have problems with alcohol and drugs, and they become abusive and violent.

Some of them develop schizophrenia that is one of the mental disorders which cause auditory hallucination, delusion and other symptoms. They cannot integrate their minds or control themselves.

Bethel House was established by some patients and one social worker, Mr. Ikuyoshi Mukaiyachi, at Urakawa church. He has been working at Urakawa Red Cross Hospital as a social worker since his graduation from college. He stayed at the church and cared for it because a priest moved to other places and there was no priest served.

After leaving the hospital, patients came to Urakawa church and they started to do subcontract work of packing “kelp” (one of Japanese seaweeds) into bags. The priest who came to the church named the place of their activity “Bethel House.” Now, not only people with mental problems but also those with various disable problems participate in the activities of Bethel House. For all people who live in there and are involved with its activities, without differentiation the disabled from the non-disabled, Bethel House is seen as the community of living, working and caring.

The approach of Bethel House to treat the mentally disabled is outstanding in terms of rehabilitation. It is famous for the study of all interested parties (Tojisha-study). It values a sense of ownership. In order to be one-self, we have to face and live with sufferings and difficulties in our lives without being controlled by others. Such a way to be with the disabled has been underestimated for a long time. With this approach, it is helpful to enrich our own lives and rebuild the exhausted society towards the sustainable and resilient one.



Reports by Participants

Post-Program Reports





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1. The most impressive scene/event/program in Urukawa

As part of a learning process, it is difficult to point a single scene or program as the most impressive. Various visits, observations, interactions, and dialogues formed the impressions and particularly my learning experiences. There are several key impressions formed from through my participation ng in the program in Urukawa City.

Visits to several institutions such as the centers for the elderly and for people with disability, the daycare center, and the horse-back riding therapy center gave gave insights about the level of services and attention provided by the Government of Japan and Urukawa/Hokkaido to its people. For example, the center for the elderly is equipped with hot water pools and karaoke machine; the elders have their own rooms; programs include regular exercise, visits to stores or parks, fun and recreational activities; ratio of the staff with the clients is 1 to 4 the ratio of certified and specially trained with the client is 1 to 4. Services can either be administered directly by the government or by private companies. . While services are paid by insurances and the client's families, the Government set a standard and monitor, supervise, and enforce the standard. Policy document is kept simple, but the supervision and enforcement is strong.

The horse-back riding therapy for people with disability particularly informed that the Government of Japan is willing to support and apply innovative methods to support the recovery and rehabilitation of people with disability. The method used was agreed and escalated based on finding of researches.

Of particular interest is economic empowerment program implemented both by the Government through in various centers and by community organizationnon-profit organizations such as Bethel's Hhouse. The standard maintained for the products and services are similar with commercial enterprise. Once the products are in the market, such as the wooden crafts I found in a store in Urukawa, from made by people with disability in the rehabilitation center, I found in a store in Urukawa, one cannot say those are produced by people with disability. The products are marketable and fit the interest of consumers.

Although the visits focus on the elderly and people with disability and did not directly related relevant to my current work which focus on protection of children, through dialogues and interactions with staff of the centers, officials from the Department of Social Welfare, and social workers, I learned about the system and capacity on social welfare in Japan, particularly in Urukawa City/Hokkaido, through dialogues and interactions with staff of the centers, officials from the Department of Social Welfare, and social workers. . I can make comparison about the social welfare services in Japan with social welfare services in Indonesia, particularly on children. In Indonesia, standards, particularly on the care of children in institutions, are yet to be developed and endorsed; innovative programs are limited. Organizations or institutions that support vocational skill training or economic empowerment often do not pay attention to the quality of the products and marketing strategy, although now the Ministry of Social Affairs has started to facilitate collaboration between child care institutions, training centers for children, or NGOs working with children and a Marketing and Product Consultant.

Other key difference is on the policy of social welfare, of which services in Japan are mostly paid by personal social welfare insurances. There are challenges to apply the system in Indonesia, such as getting poor people to pay for their personal insurances. Awareness on social insurance system is also low. Some district governments have started to endorse and apply social insurance systems, particularly on health. However, the insurances as it stands now are paid by the district governments instead of by individuals. Social welfare insurance system is yet to be widely introduced to Indonesian's government officials as well as to the citizens. Challenges should also be understood in the context that social welfare system is not yet fully developed in Indonesia, while Japan started the implementation of its policy in 1920s.

One similarity I found in Japan and Indonesia is the challenges in getting qualified social workers. Both Japan and Indonesia do not have enough social workers, and social work is not the professions dreamed by young people both in Japan and Indonesia. While the need and job markets for social workers in Japan have been clearly defined, it is only recently that the Ministry of Social Affairs starts to look for professional social workers. While the demand has been created, the supply also needs to be prepared. The Ministry of Social Affairs in Indonesia and the Indonesian Association of Professional Social Workers are currently joining efforts to scaling up the profile of Social Works, with an aim includes attracting more young people to study and work in the field of social works. Indonesians might want to learn from Japan, or the other way around, on how to attract social workers.

Visit to Urukawa and emergency preparedness

I studied and have been working on emergency situation since 1999. In Urukawa, I observed the solid wave-barrier along the coast, tsunami evacuation signboards, and I learned from the members of the Bethel's House about regular tsunami drills organized for the people of Urukawa. I learned how the elderly and people with disability engaged in the drill, how they could access the save zones and would be prioritized for evacuations.

While I learned through readings how the Japanese prepare for Tsunami, my direct observation ing and learning

directly in Urukawa on how it would work provides a better idea and impressions. I was impressed to know that although the Tsunami in March 2011 also hit Urukawa, the people had secured themselves to higher zones, including the elderly, and there was no casualty in Urukawa. The importance and results of mitigation, preparedness and regular drills are evidence in Urukawa.

2. Futureplan/activity based on the experience in Urukawa

The experiences in Urukawa, such as visiting and observing centers, dialogue with staff of the department of social welfare to discuss policies, standard, and funding, provided ideas and insights about social welfare system in Japan. However, most of the experiences and learning may not be directly related to my work since it that focuses on child welfare and child protection.

I can and will continue learning about general policies and programs on welfare for the elderly and people with disability in Japan, and build my knowledge about those policies and systems to start looking and reviewing relevant policies and programs for children and protection of children in Japan for future reference in developing giving my recommendations for the development of the system in Indonesia. I acknowledge the big differences between Indonesia and Japan, so Of of particular interest is to focus my future learning about the challenges and how they affect the development, transformation – if any –, and progress in Japan on child and family welfare system to protect children from abuse and exploitation. welfare system in Japan.

In addition to that, what I have included in my personal plan is the also learn and discuss with participating colleagues from other countries in Asia and Pacific. I believe the exchange of knowledge and experiences will foster better understanding on how child and family welfare system in Indonesia can be better developed.



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Moving backward few steps to move forward thousands steps

Visiting mental rehabilitation institution as the most impressive scene/event/program in Urakawa

First of all, I would like to appreciate the Japan Foundation for giving me opportunities as one of thousands Indonesia's mental health specialist to visit Japan social welfare institution and to learn from best practices in Japan on providing social welfare services for the people. It was insightful experiences for me. I learned lots of things on how to apply the best ideal concepts in dealing with disabled ones, especially: with mental disabled. The great thing that I impressed from this program was on how Japan showed us honestly the impact of rapid economic growth on social welfare issues. As one of developed countries, Japan realize that putting stress on social welfare issue is very important to take care of people's well – being. Living in harmony with the nature and others is essential to have meaningful life and to get happiness living. The philosophy of Bethel House in Urakawa was touching my heart as a mental health specialist: 'Orite Yuku Ikikata' (from the life of climbing to life of descending).

Before visiting Japan, I tend to view people with mental disability negatively. Rather than focusing on their positive aspects, such as: their life functioning, I focus more on the symptoms and their deficits. When I dealt with my clients as a clinical psychologist, I tend to view them, especially people with severe mental disorder or mental health problem, as 'sick' people who need proper treatment to handle their symptoms. I prefer to treat their symptoms rather than encourage their social function. I believe more on medical and traditional psychotherapy approach as effective approaches in treating severe mental disorder. Unconsciously, I put myself as an expert who knows better about their symptoms and their problems more than themselves. In a simple sentence, I think I know their problems better than themselves. It shaped my approach in dealing with people that have moderate to severe mental problem more directive. Consequently, I discouraged them to express their problem with their own language. I was quite easy to jump into conclusion about their diagnosis. I have a doubt in applying client – centered approach in dealing with people with severe mental health problems, especially schizophrenia. In my mind, because of their hallucination, delusion and abnormal behavior, people with severe mental health problem are unable to express themselves objectively and rationally.

The most impressive program for me is the Bethel House of Urakawa program for people with severe mental health, especially: schizophrenia. Observing the program, especially: patient – led research group session, interacting with the member of Bethel House and listening the lecturing sessions from Mukaiyachi – san, the founder of Bethel House, were significant experiences for me. It made me feel discomfort with my self as a mental – health specialist in approaching or dealing with my client. I found out the beauty of Mukaiyachi – san statement: “Live as a patient. Do not leave your difficulties and hardships for someone else to carry. People can become the STAR of their own hardships”. I observed how disclosure of weaknesses help Bethel House members adaptive and function well socially. Weaknesses are integral part of self. Member of Bethel House are encouraged to aware of their problems and took their weaknesses as their integral part of themselves. Member of Bethel house are motivated to become researchers of themselves. Wholeness is the key for social functioning in the society. Wholeness of themselves, wholeness with surroundings including with the nature and wholeness with society are the essential things for meaningful and happy life.

To be honest, the core philosophy of Bethel House isn't new concept for me. It made me think about Carl Rogers philosophy in treating people with mental health problem: client ? centered, humanistic, non – directive approach. But the impressive thing is how the Bethel House showed me evidence that Rogers approach works for people with severe mental health problem. It made me have no doubt to apply it in dealing with severe mental health problems in my country. It made me having certainty in viewing people with severe mental health problem positively and approaching them from their own perspective rather than specialist's perspective. Besides that it also encouraged me as mental health specialist that we must consider the human rights issues and involve the beneficiaries' participation in treating them. The Bethel House members (beneficiaries) have rights to choose what they want, which programs that they want to involve in. It helps beneficiaries to get sense of control that is very important for their improvement.

In Urakawa, I got opportunities to observe how the professional works and also to discuss about their services for the beneficiaries. Based on some activities with the workers, I found out the other that impressed me. It was their collaboration among social workers from different field/background. Social welfare issue is inter-disciplinary theme. Helping professions (health professionals, social workers, counselor), government official, economics specialist, vocational trainers were working together in providing services excellently. The government of Urakawa town also showed us their responsibilities in providing the service. Not only in term of providing budget but also to make sure its sustainability. The government spent sufficient budget without letting the client became fully - dependent to government budget. People were also encouraged to be responsible by joining the social insurance or spending their own money based on their socio-economic status. Social issues are all responsibilities: government and people working together for better services.

In order to maintain its sustainability, I also view closer how social enterprise took place in social welfare services. They realize that they need money to cost the services expenditures. They found out creative ways to earn money through social enterprise. I was very impressed with social business that was run by the beneficiaries in Bethel House. The main goal is not to get income as much as possible but to empower the beneficiaries. By involving in social enterprise or social business, their social functionality is encouraged. Beneficiaries get the feeling of self

– worthy through the social enterprise. It is also an effort to increase public awareness in viewing mental health problems and also people with mental – health problems. It could get rid off the stigma among public that people with mental – health problem have ability to function well socially. It is a great lesson.

Overall, the activity when I was in Urakawa means a lot for me. I learned many things and broadened my mind as mental ? health professionals. It encouraged me to actively involve in this issue. It taught me how to provide helping services with respect of their uniqueness, to care their problem positively and to make sure their social functionality.

How to apply the experienced in Urakawa: from micro unit (myself) to macro unit (society)

While I was in Japan, I was always thinking how to apply the great lesson that I got when I'm home. By discussing with other colleagues, I got insight that we should start from ourselves to apply it. The philosophy of the social welfare services is relevant for me who am living in complex world with the advancement of technology. I should aware of my weaknesses, accept it as an integral part of myself and disclose it. Become in wholeness with my self, people around me and with the world will create meaningful and improved life. It will lead to happiness in life.

Starting from myself, I will make impact to closest society: my family and my department where I work. As a mental health professional (clinical psychologist), the insight and lesson – learned that I got from JENESYS program will help me very much in approaching and dealing with the client. In some discussions with my Indonesian colleagues, I shared the things that I got from the JENESYS program. I believe to make a difference; I should do it in a group. Together we are able to make a difference. I have already shared my experience and the lesson – learned that I've got from JENESYS program in peer ? meetings or discussions of Faculty of Psychology University of Indonesia where I work.

The other application is related with my role as a lecturer. I teach some subjects about mental health, disaster psychology and psychology of helping. The lessons that I've got through my participation in JENESYS program are relevant with my lecturing class. I am very eager to influence my students in undergraduate and graduate program to have positive perspectives in viewing people with mental disability. I will share how positive approach takes place in empowering people with mental disability. The main message that I really want to influence my students is it will be better if we are focusing more on social function and positive aspects of the clients or people with mental disability rather than focusing on their deficits or symptoms. As mental – health professionals, we should create the atmosphere that could empower people. The successful mental ? health professionals are the ones who could help people with mental disability feel positive self – esteem. The most important thing to achieve is people with mental disability feel worthy of themselves.

I also have a plan to educate public in order to increase public awareness in viewing people with mental disability and also stakeholders. I have opportunities as a mental – health professionals to become speakers in public seminars about mental health. The insight and lesson – learned that I've got from JENESYS program will contribute in public education materials of my presentation. To have greater impact, I have already told some

colleagues who work in Mental – Health section in Ministry of Health Republic of Indonesia about the lesson – learned and insights that I’ve got from participating in JENESYS program. Before participating in JENESYS program, I became a member of team who developed guidelines or standard operating procedures of creating community – based mental rehabilitation institution. The experiences from JENESYS are very relevant with this national effort. I found out the approach in Urakawa also consider the importance of community – based intervention in social welfare services especially mental – health services. It means that I’ve already had concrete examples or model from visiting Urakawa in applying community – base mental health rehabilitation in providing services for people.

After JENESYS, I also create some dreams for my future life as a mental – health professional. I have a dream to have a mental – health institution that focuses more on their social functioning in society. I really want to have social enterprise or social business to empower them. The experiences from Urakawa in observing how the social enterprises business run in some institutions there, such as: Bethel House, Koyoen institution for intellectually challenged, help me to have clear images in making it happened. But I realize to make it happen, I have to work in collaboration with others including private sectors who have tangible capital.

Finally, participating in JENESYS program is an insightful experience for me as a mental – health professional and lecturer. JENESYS program of social welfare class is unforgettable experience for me. I feel blessed to have this opportunity. But, I still have something on my mind that still exists after I left Urakawa. My big question is related with the social reintegration of the beneficiaries. Mental health institution like Bethel house is still a heaven for them. I am still wondering about how people outside Urakawa in viewing and dealing with people with mental disability. In the future, I hope Bethel House in Urakawa will not the only one institution around the world that viewing people with mental disability positively. I hope that Bethel House everywhere. Our homes are Bethel House. To make it happen, we should put extra effort and stress more on public education in order to get rid of stigma.

Jakarta, April 26th 2011.



Vonglatsamy Ratanavong

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1. The most impressive scene/event/program in Urakawa

Well, it is difficult for me to describe what the most impressive scene during the stay in Urakawa.

To me, every single moment during the stay in Japan or in Urakawa was so impressive moments that I will never forget. Here below, you will be reading my most impressive scenes during my stay in Japan as well as in Urakawa:

- **The friendliness and helpful of Japanese:** The first touching my heart when I arrived Japan is the friendliness of Japanese people. They did a great host by always assist us whenever or wherever we are in need of help, no matter by ordering food, During the twelve days in Japan, we were like a big warm family that the family members help each other

I would like to give an example about the helpful of Japanese: one time, there were three of us walking along a street around the hotel area where we stayed. We were in search of a digital camera shop and seemed we couldn't find the direction. While we were checking the map, a Japanese lady walked to us offering to help us with the direction. She could not speak English. Still, she was willing and trying to help us with the direction. She leaded us to the right street, and showed us the sign of the shop. Finally, we found the shop.

It is very nice to meet someone friendly and helpful when we are in a new place where we are not familiar with. This is my first impression that I received from Japanese people

- **Moment in the Institution for Elderly:** Another impressive moment that I will never forget is, visiting the Institution for Elderly. In that institution, I met many elderly people and it was my first time visiting such place. I went to two elderly who were sitting together. I started to say: 'Konnichiwa', they replied me the same word with warm smiles on their faces. I silently sited in front of them touched their hands gently. There were no words spoken out of our mouths, but action speaks louder than words, I could feel something from them: the warmth welcome, the happiness that showed on their calm eyes. They both rubbed my hands and one elderly started to cry with her face still smiling. It was something unexplainable that drove me crying also. It was a cry of gladness

that appeared among us even though we had never met before. I totally felt so warm and related.

A short while later, the interpreter came to me, so I had a chance to ask them how they were and how they live in this place. After that, I knew that they lived there because their children lived far away from them due to their works. However, their children would come to visit them from time to time. Also, I could realized that they are happy and enjoy their lives as they have friends to talk with, to do activities together, and have a good take care from staffs of the institution, so they will not feel lonely at all.

It was a short time and the first time of meeting, but it was full of meaning and feeling of impressive because I could feel something connected and related at the first time we met. Until now, I still miss them and they will always be in my memory forever.

- **Precious moment with people at Bethel House:** I like the Integrated Workshop with members of Bethel House. It was a great opportunity to see how people in bethel House help each other to do the self research of their sickness. Moreover, we were able to share our weakness with them.

Personally, I could feel that they are very lucky to have such a place like bethel House, so they can live together and where they feel comfortable in their community. Importantly, people at bethel House are able to work. To this point, they are not letting themselves or their sickness for other to carry, but they accept their sickness and make themselves valuable by contributing themselves in to works and produce goods or supplies for selling.

Moreover, it was fantastic seeing where they work. In there, I could see how they work on packing”Conbu”, weaving etc. By this observation, I could see the good team work and the unity they have. This educated me the strength of members at Bethel House that they do not let their sickness of mental disorder to turn them down.

- **Farwell dinner in Urakawa:** It was such a very great memory that I could experience Japanese cultures in that party, such as: Japanese flower arrangement, powder green tea ceremony and how to drink it properly. Moreover, I had a chance to dance Japanese traditional dancing and to try on kimono. I am deeply impressed with the beauty of Japanese’s culture, the politeness and modest manner of Japanese people.

At the party, I felt so happy that members at Bethel House also join the party. We had a very amusement time talking to each other. I sit with a member at Bethel House. We talked about our hardship in life and our weakness. During the conversation, I felt so nice to have someone that I can share my weakness with and ready to advice me.

Those above are some of the most impressive moments/events that I shared with you. I do hope that what I have written down would somehow make you feel my truly impressive about my first trip to Japan.

2. Future plan/activity based on the experience in Urakawa

I personally like the way people in Bethel House disclosing their weakness or their hardship they are having. They said their sickness out through their group meeting. This helps them figure out how to help each other to deal and cope with their sickness.

I wish to take this idea purposing to my boss to be implemented into our new project. Our new project is to build a multiple function center for people with disabilities (PWDs). We will be working in partnership with Lao disabled People Association (LDPA).

The main purpose of the project is to provide training to people with disabilities (PWDs), such as: cooking training, mushroom cultivation, vegetable gardening. So trainees or PWDs will be able to use what they learnt into a small business and able to make income generation by themselves.

At the same times, the center will acted as a place where PWDs can get together and do activities or small seminar.

As we will have PWDs come and have training in the center, I think it would be a very suitable thing if we could set up a group meeting of PWDs. So, PWDs can share their hardship of their lives no matter what it will be their personal problems, job problems or any matters. By having this group meeting, PWDs will be able to help each other to figure out the problem together. At the same times, they will not feel that they are only one or isolated who in that hardship because they will have friends who are in the same situation and understand them.

The place for setting the group meeting of PWDs will be inside the multiple function center for people with disabilities. It is the place where they will receive training and do activities together.

Expected result/Objective:

Objective:

- To help PWDs to have their social community where they can freely talk about their weakness of their life.
- To build the sense of “self confident” and “self motivation” for PWDs as they will have their social to be with. (In Laos, fewer of PWDs feel confident to go outside their house for socialization).
- To have PWDs support and help each other to figure out the problem they are facing to find out the solution.
- To assist the project understands more about hardship and feelings of PWDs that are occurring among them.
- To reduce the stigma in the society between non-disabled people and disabled people by letting PWDs play roles in society through their abilities.

Expected results:

- PWDs can disclose their weakness
- PWDs will be more confident as they have place where they are comfortable to stay with and do activities

together. So, they will not only shut themselves down inside their house.

- The project will have clearer image on how and what should be done for the further assistance to meet the needs of PWDs.
- PWDs will be able to help each other to cope the problems among them.

The length of the activities: 2 years, from: September 2011-September 2013 (Tentative). This time period included time for building construction-6months (Tentative). So, after 6months of building construction, we will have our project and the activity of group meeting of PWDs implemented until the end of the project.

The time period of group meeting of PWDs will be implemented together with the project duration. However, the activity of group meeting of PWDs will be continue implemented by LDPA as the handover part of the project. LDPA will be in charged of all activities including

Well, that is about the future plan that I would like to purpose to my boss for the next project. Lastly, I would like to say that what I have experience in Urakawa brought me a very great lesson that I could understand more about social welfare service provided to PWDs including people with mental disorders in Urakawa and elderly people. To myself, I could realize that not only people with physical disabilities can work, but people with mental disorders also. Physical disability or mental disabilities are not the solution to close those people from the society, but it is about putting them into the work that they feel comfortable with and suitable for them. It is about giving attention and opportunities to them, so they can express their abilities and being involved in the society.



Chitdavanh Chantharideth

- **Country** : Laos
- **Affiliation/Organization** : State Authority of Social Security
- **Position/Title** : Official Finance

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I would like to extend my appreciation for your time and hospitality during my visits to Japan especially URAKAWA, Institute of the Elderly, Institute for physically or Koyoen Institution for Intellectually Challenged and etc. between 26 and 9 March 2011. I very much enjoyed the Social Training Workshop, and the opportunity to visit and meet with Ms. Makiko KIKUTA Parliamentary Vice- Minister for Foreign Affairs of Japan, staff and other people concerned.

It was an excellent opportunity for me to learn about the social welfare of Asian countries especially the social welfare in Japan and to become more familiar with your facilities, services and resources. First of all, therefore, I would like to express my sincere thanks to the Japan Foundation and the Government of the Lao People's Democratic Republic that gave me the great opportunity to attend the training and join the social welfare groups for almost two weeks in URAKAWA Town which is one of small towns which has full of excellent facilities that can facilitate local people as well as foreigners who have chances to come for work or visit. in the northern part of Japan. Everything that I have seen was really good organized or well arrangement. The most impressive things were transportation, accommodation and training materials that arranged by the Japan Foundation. Although it was a short time and the first time for me to visit URAKAWA, Japan, but I have learned a lot about cultures, social activities and living styles of Japanese People, particularly social welfare system that provided for those people. In addition, I was very impressed with all above Institutions where I have visited, but the most impressive site where I visited was the Institute for the elder. This place surrounded with very attractive and good environment and has excellent facilities as nursing service and etc. that can facilitate and be suitable for taking care elders. They can spend their rest lives here happily and be healthy elders.

Besides, I was also very impressed by Japan Foundation's dedication to improving the social services for the people, and I am pleased that people in Japan would like to continue their assistance to Lao Social Welfare, which is an important work.

Future plan activity based on the experience in URAKAWA, Japan

For future plan, I on behalf of returnee from social welfare training in ORAKAWA, Japan and one of the staff who are now working for Ministry of Labor and Social Welfare State Authority of Social Security of Laos, will try my best to devote for promoting on social welfare work and cooperating with foreign social welfare groups especially the Institute for the elder in Japan in order to exchange experiences and share information resources on social welfare. However, regarding my experiences from training on social welfare and visiting interesting sites as the Institute for the elder and etc. in URAKAWA, I will cooperate with the organizations and top managers concerned who are able to make decision on this matter. In fact, Lao PDR has an insurance system, the center for an invalidity people and care taker that belong to the Ministry of Labor and Social Welfare. The centers mentioned above are different from Elderly Institute in Japan. I am very keen on having this kind of institution or center for elders or old people in Laos. The elders will have the opportunity to spend their lives happily and their living conditions will have been improved as in Japan respectively. As you may know and regarding the Ministry of Labor and Social Welfare's role in improving the social welfare condition for Lao citizen in various areas which is required by the social-economic development of the Lao PDR and suitable with the policy of the Lao Government for poverty reduction and the country development. I, therefore, will try my best to get funds raising to support the elders' living conditions.

On this occasion, on behalf of returnee from the training workshop on Social Welfare in ORAKAWA, Japan, I would like to express my grateful thanks to the Japan Foundation and Japanese people concerned for all valuable contributions and financial support.



Muhamad Khairul Anuar Bin Hussin

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- **Affiliation/Organization :** English College, Ministry of Education,
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- **Position/Title :** Special Education Teacher

Opportunity to step foot in Japan is a dream since a long time kept. Appreciated rising history of Japan as an Asia country after the second world war is something that unthinkable and cannot be translated. This is because of strong work spirit of Japanese to wake after war. Fact that undeniable Japan has been developed by their own idea and inspirations of the Japanese. In the other hands Japan wake to help other countries on knowledge and partnerships aspect as well as an opinion by hold various interesting programmes and potential put individuals become thinker and great executive in their ways.

Upon obtaining letter from Japan foundation with title Invitation letter to the Japan-East Asia Network of Exchange for students and youths (JENESYS) programme, the East Asia Future Leaders Programme 2010 / 2011: Social Welfare Group, half of my dreams that kept all this while become reality. In 25 February my trips to Japan by travel with airplane MAS MH1058 in 11.20 o'clock at night and landing in Narita international airport, Japan at 7.30 o'clock in the morning 26 of February 2011. Journey approximately takes 6 hours and 30 minutes that so excited. From above I saw the land of milk and honey which promises new experience and knowledge that as much as may I need to take as a new generational look for my beloved nation of Malaysia.

Once landing in the airport, across of my mind, there is one more participant from Malaysia named Shi Wei, actually I has noticed about her during in KLIA but I kept it until landed. Only because feeling excited that there is need to be poured out in Japan. Around 8.00 o'clock in the morning after our immigration completed the deal invited by tourism company representative and we are triple now, one of the lady waited is Nguyen Anh from Vietnam. We are brought straight to the Hotel Asia Center in Tokyo. On the Journey, we are absorbing during in van through highway that deserted and view trees that tailless after winter season. Before reach Tokyo city through Rainbow Bridge it was very wonderful view and I took picture of it.

Upon arrival at the hotel for accommodation, we are celebrated by Madam Mariko or better known as Mari, cackle Mari alternative with souvenir giving from Japan Foundation and not forget pocket money worth more than ¥ 35000. We are given time to stroll around Tokyo until 2.00 o'clock in the afternoon because need to wait for the room vacancy. After bag storage completed, we are started the single journey around Tokyo. It was great because

first time Shi Wei and me walked in the presents place according to the map way.

By our map, we are succeeded explored Tokyo city. By use the modern facilities, sub-way. We went visiting Tokyo Tower, Asakusa, Minza, Akihabara-electric-city and centre of Tokyo named Tokyo Mid-Town. We return to hotel around 6.00 o'clock in the evening. A trip that exhaust but that worth because in ambient temperature of 0°C -1°C. The joy of trio journey that difficult to be pictured. But it was.

Around 6.30 p.m. we have to meet in Brezza Restoran for acquaintance event and welcome dinner that organized by Japan Foundation, it is so attractive. Here I meet with all participants and we get acquainted among themselves and share idea and first time experience stepped foot in Japan. Introduction session initiated by Hisae, the programme coordinator. Once over acquaintance session and our dinner party, we get return to the hotel and get some rest because start in hour 9.00 tomorrow morning 27th of February we have to follow the various programmes that were being planned.

27th of February, first programme is orientation session. Which briefing on Japan Foundation and also from coordinator of the JENESYS Programme. We are given relevant information with big allocation by Japanese government through Japan Foundation in program implementation that large specific for us obtain as much knowledge and experience that hoped are going to reach programme implementation objectives. After complete our briefing, we are given Keynote Lecture from Prof. Yoshiyuki Nagata or known as Nagata Sensei from University of the Sacred Heart, Tokyo. By 12.00 we are rest to enjoy lunch in Restaurant FUJI. An experience to taste Japanese food.

Start by 1.20 evening we started the presentation that we had been completed before come to Japan. Country Report presentation session which requires material perusal, issue, information sources detail and also understand what relayed by every proposer. A long session but very meaningful because experience every participants from each country can be shared with. Presentation cannot be is squandered in a session and in day 3 we have successfully resolved before 12.00 after special lecture on Holistik by Prof. Yoshinori Hiroi from University of Chiba because day in three we has to be in Hokkaido for the others programme.

By 12.45 we are brought to Haneda Airport to Hokkaido. Flight JAL 529 from Haneda to New Chitose (Sapporo) that boarded landed safely at Chitose Airport. An experience that so absorbing, I shock with view from above that look at ice mountains and snow that covered all parts in Hokkaido. (Picture 10). Cold weather which the temperature negative degree Celsius need to be faced and it does not become deterrent to JENESYS group to continue our mission. Three hours journey from Sapporo to Urakawa gave new experiences which we need to go through mountain area that cold and condition of highway that not really smooth. 5.30 o'clock in the evening, Hokkaido surrounding already dark. Just like 8.00 p.m. in Malaysia. We arrived at Hotel East and completed the deal take our accommodation. And we should find restaurant for dinner.

Fourth day started with information by Mr. Yoshino. We are explained on Social Welfare in Urakawa. Mr. Yoshino is the Chief Department of Health and Social Welfare. Even though we need service interpreter, information that

conveyed so clear and picture society's concern Japan on Social Welfare. Information on budget and allocation to every welfare field. It gave knowledge and new experience on financial management. To me, knowledge on allocation personal tax in Japan very different with what carried out in Malaysia.

The most impressive event and program in Urakawa

For our next session need to go to Urakawa Association for Ainu Preservation. Here we been described with various information that immensely useful on how effort that undertaken by Ainu society so that population and their culture still remains in Japan. Even though they refused to be recognized as a citizen of modern Japan, but by acceptance and cultural assimilation process is inevitable. Hence they are initiate programmes to ensure Ainu remain in Japan and become contributor to development of Japan overall. We are served with lunch that almost resemble food that have in Malaysia such as flat sweet potato, salted fish, and drank Japanese tea which look similar to Chinese tea in Malaysia. From information that administered by Ainu society representative I think that society's in Japan concern about it. Especially by the international community especially badly wanted like those carried out in Malaysia for Penan people in Sarawak society.

By 3.00 p.m, Prof. Yoshiyuki Mukaiyachi from University of Hokkaido talked about the informations on Bethel House. He is one of the social worker in Bethel House past years ago. We are given information how the formation and approaches in Urakawa society on Bethel House and group which requires specific treatment such as mental patient and schizophrenia. From the information I can make assumption that the process of exclusion and inclusion in the society has occurred nicely in Urakawa. The information should be brought home for Malaysian society. After that we are given short briefing from Madam Mari and Miss Hisae about the program to be carried out tomorrow.

Day fifth, we are gathered at the Lobby Hotel and after breakfast, we leave for Institution for the Age. That visit result very good which we get various of new knowledge on how federal government Japan and local government in Urakawa joined and giving service for senior citizen. Like those known Japanese society is one of population that has oldest life span in the world. We visit to Chinomi So Sato and Chinomi Sau. In Chinomu So Sato, we are given information on welfare house management for old people that reside and have no income which specific. While in Chinomi Sau, we are given information on Daily Service Centre for the Elderly. Here the information is done by old folks and how community approached in Japan that has parents and they still wish to live with. They send their parents to the Daily Care Centre. The approaches are good because terms of safety, cleanliness and health care are concerned. Children would be sent their parents in Chinomu Sau in morning by then they take back in the evening. There are also services to take and send return runs by the care centre.

After visits the care house for the old folks we went to the other Nursing and Prevention Center which place groups of disabled. Here we are information about managing and several workshops that specially prepared to train disabled groups to be independent and generate economic. This centre give chances to the disabled to generate

economic from manufacturing. Specific job opportunities are offered to them and for group that has critical psychology illness are also served here. Such as information provided. I enormously impressed with approach exclusion that carried out where this group specially given to engage in craftsmanship, salted fish provision, make woven fabric, grew vegetables, horse care and activity manipulative for those groups that have critical mental problem.

Further activity started at 1.30 o'clock in the afternoon. We are brought to Warashibe, Institution for Physically Challenged. In this visit we are given information on managing and activities that may be carried out here. We get to see rooms and get acquainted with individual that undergo physical remedial training. After that we get to see how therapy by horse riding on horseback carried out in Warashibe, Rehabilitation Center for Physically. Horses here were among the world-class because Hokkaido provides quality horses to the whole world. The building here are the best made, specially prepared for those rehabilitation programmes. (Picture 29). The information about management and an opportunity to own view how this centre give direct service to individuals that experience defect such as spastic and spinal injury so amazing. More scientific approaches with trained therapists are giving chances for physical handicap individual to recover so reasonable and the potential to recover well are very high.

Day sixth, we got the chance to feel for by own how the herapy riding on horseback carried out. This opportunity provide us new experience to all the JENESYS members how the therapy effectiveness riding on horseback. In Malaysia simply certain places only have that therapy. After that we are visited on the other side. We went to Koyokai Hospital. We are given lot of information on service that given open a new page to all patients who live in Urakawa. Although the patient population received service here is dependent to the level of their mobility. According to the management in this hospital, most direct service rendered at training centres and to the patients house. By the it's worked!

After lunch we went to Bethel House. Here opportunity to ask question on job opportunities, support aspect and observation on SST meeting has given the new knowledge by the welfare homes. We visited several placements that are inn around Urakawa that run by Bethel House. According to the resident in management houses of Bethel House, they given freedom to manage house such as normal individual in Urakawa. This opportunity gave them opportunity to communicate with outside society and this approached in Malaysia are named as inclusion. Opportunity to choose same house friend, living together such as a family is one of therapy rehabilitation. The social approach are so useful and effectiveness. In this case need to be carried out elsewhere so that this approach can change community's perception on group with special necessity. In the evening we went to Bora-Bora cafe which self-managed by occupiers of Bethel House. This Cafe is one of popular cafe in Urakawa.

Day seventh, we got chance to go to Bethel House main building. Here we get to seek advisory service on the way to proffer job opportunities for the disabled by more specific. We also have a chance to learn how to pack seaweed (Kumbu), weaving cloth and various activities with Bethel House resident. After the end visit in Bethel House we got to do wrap-up workshop. All activities that carried out in Urakawa was discussed and will be take returned

to Tokyo for further discussion. In evening half, a ceremony with Urakawa Mayor, Bethel House representative and JENESYS participant happened in Urakawa Public Library Hall. We had received visit from several cultural organization and we was revealed to several culture of the Japanese society such as tea ceremony, change flower, traditional music and kimono clothing. All JENESYS participant are tried the traditional event and it is very interesting.

In day eighth not many activity that capable carrying out because we need to ready return back to Tokyo. Starting with check-out in lobby hotel and further we board the bus to New Chitose Airport. Reached Tokyo at 6.00 o'clock in the evening,

Day ninth, the bus waited for us at lobby hotel. Today all JENESYS members are given opportunity to visit historic area in Kamakura and board by Enoden train. Kamakura was the place which many Buddha temples. Among them is Hasedera, Tsurugaoka Hachimangu Shrine and Kannondera. We are also introduced with process pass through calligraphy meditation. State in Kamakura very pulled on that visit, because spring have started. Experience to see two bridal couples getting married is memorable and that very attractive to be shared with. After ended of our visit, we are board to the bus back to hotel and on arrival in the hotel we are free to have our own activity. This time tried by individual used the sub-way service to go to Akibahara and Asakusa, succeed! Day tenth we have conduct visit to several place alone and grouping following planning respectively.

Today-was the last day for us to hold discussions and opinion partnership. Day tenth 10, we are visited Ministry of Foreign Affair. Only 20 minutes allotted to get acquainted with salutation of a Deputy Minister in that ministry. They are very happy because the programme planned successfully. We are brought to Japan to learn and share knowledge on Japan country and also the culture. We are also visited Toy Museum in Tokyo. In this visit I found all toys equipment that expended at the museum made from wood. Very stunning because the works art is so unique used as a child learning materials in the museum. After visited museum we are heard a little briefing on allocation of following programmes after the successful of this programme. While lunch we explained on Japanese government willingness to proffer allocation to anyone among JENESYS member to suggest the next meeting and little financing from each individual which involved.

Around 2.30 in the evening we are requested to to go to the Botan's room to continue explanation on retrieval from visits of Hokkaido specifically on Bethel House issues. The result of the discussion are shared with JENESYS member. Nagata Sensei has guided those members. Thank you Prof! at night, we are required to be presented in the farewell ceremony. The certificate presentation happened here, therefore end our visit of Japan. At 10.30 o'clock in the morning by 9th of March 2011, Shi Wei and me flew back to Malaysia. All knowledge and experiences that achieved visits to Japan sure kept nicely and can be shared with. That is all thank you.

Future plan/ activity based on the experienced in Urakawa

- Place : Malaysia
- Project : Community Based Rehabilitation Centre ? Sheltered Workshop for Those Who Are Blind and Multiple Disabled
- Target Group : For the children and teenager under 21 years old who are categorized as a Blind and Multiple Disable.
- Aims : 1. The workshop will be held in Community Based Rehabilitation Centre in every districts in Malaysia.
: 2. The participant must be uneducable and registered officially under the Welfare Department. (There are provides the allowance)
- Process : 1. The workshop are offered to those volunteers and professional team such as Doctor, physiotherapist, psychotherapist, teacher, teacher assistant and parents.
: 2. The tax payer will be contacted to give support of financials and aids equipments. They will be allowed to deduct the tax for every Malaysia Ringgit. Ministry of financial is the person in-charge for the application of deduction.
: 3. Special teacher and co-teacher will be trained by specialist to provide the educational needs and skills
: 4. The Department of Welfare by District and States will be assists by Education Department of Education by every District and States will join and seat together to discuss about the approaches and offered of courses.
: 5. Teachers and co-teachers will handle the movement of the students and adjust the educational needs of every students.
: 6. Fully exclusion (like in Bethel House) will be used as a methodology and just after 70% recovered inclusion (implemented in Malaysia nowadays) will be introduced to selected students only.
: 7. The payment of teacher and co-teacher will be hands by tax payer and Government.
: 8. Students are allowed to continue the study in any Adults Rehabilitation centre through Malaysia.
: 9. Fully individualized Educational Planned will be introduced.
- Philosophy : Everybody are Educable, life must go on.



Chu Shi Wei

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- **Affiliation/Organization** : United Voice- Self-advocacy Society of Persons
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1. The most impressive scene/event/program in Urakawa

There are various programs and events in Urakawa which are memorable such as the horse back riding for rehabilitation at Warashibe, the party with the local people and integrated workshop with members of Bethel House. The most impressive event in Urakawa is when the members of Bethel House spoke during the session on 1st March as well as during the SST meeting on 3rd March. As I observed the open sharing of the members of Bethel House, I wonder what is the philosophy behind their self-awareness, self-confidence, leadership skills and ability to speak up for themselves? Indeed, what impressed me the most was the patient-led research program in Bethel House which is an innovative practice to enable patients to develop self-awareness and become leaders in their community.

The patient-led research program is the most impressive because it helps the members of Bethel House to be empowered to speak up for themselves, take the lead and run their own businesses such as Bura-bura cafe. The patient-led research program enabled members of Bethel House to recover from their mental illness when they become aware of their own strengths and weakness. This self-awareness provides them with the ability to accept their weakness and develop their strengths. For example, the member of Bethel House who is a workaholic uses this strength to build a successful business selling Konbu. The patient-led research program is about self-advocacy because patients develop self-awareness, and speak up for themselves, learn to make their own choices and taking up responsibilities as leaders.

The patient-led research program also provides them with the platform to create awareness about mental illness to the public. Creating awareness through public speaking helps to reduce the stigma which comes with mental illness. The society becomes more aware about mental illness and understands what mental illness is. Through this awareness, there can be greater acceptance of mental illness and integration with the wider community.

During the visit to Bethel House, the members of Bethel House introduce the place and explain about Bethel House to visitors. They also gave presentations to explain more about their hardships. This is certainly an innovative approach where members are empowered to take the lead.

Bethel House which means house of God practices regular prayer to God and worship in Bethel Church on Sundays. Members of Bethel House find meaning in God and prayer also helps them to recover. They live life

to the fullest each day and find happiness in simplicity and contentment. The values of Bethel house is about friendship, family and community. The values of Bethel house are a contradiction with the values of today's society which places importance on materialism and individualistic living. We need to rediscover the descending way of live to achieve a better quality of life.

The social workers of Bethel House show that they work together in partnership with the members of Bethel House. The system in Bethel House is neither total independence from the assistance of the social worker nor total dependence on the social worker but interdependence where both social worker and member work together on an equal basis in the recovery process.

Members of Bethel House are also empowered to run their own businesses through the selling of Konbu and other products in cafe Bura-bura. The cafe Bura-bura is a social enterprise which provides employment for members of Bethel House. They learn how to bake and make drinks to sell. They are also trained to serve customers. The cafe is an example of a community-based social enterprise which utilizes the natural resources of the community to generate income. The social enterprise enables greater social integration as there is interaction between the community in Urakawa and members of Bethel House in the business transactions.

The social enterprise is a business which is aimed at creating employment for individuals with disabilities. Products which are sold in the cafe Bura-bura, includes Konbu, handmade products such as T-shirts, Saori coasters and ornaments. Konbu is packed by the members of Bethel House which provides a steady income and employment. The handmade products highlight the abilities of members of Bethel House. The social enterprise enables members of Bethel House to become entrepreneurs who are able to earn and income to be self-sufficient. Their economic independence stems from being able to generate income from the sales of the Konbu and handmade products. This social enterprise creates gainful and meaningful employment to members of Bethel House.

The quality of life of members of bethel house is high because they have deep spirituality, meaningful employment, a rich culture, a strong sense of community with healthy social life, and an appreciation of nature in their community. The members of Bethel House love the sea and enjoy nature. They are also able to relate to one another very well and willing to share hardships with one another. Peer support in Bethel House played a great role in the recovery of the patients where they have a safe haven to confide their deepest fears and share their weaknesses with one another. There is a high level of accountability and trust among all the members of Bethel House who help to carry one another's burdens. They exhibit true friendship and can rely on each other in times of trouble. I am impressed by the patient-led research program which helped members to discover their potential and abilities.

2. Future plan/activity based on the experience in Urakawa

My future plan or activity based on the experience in Urakawa is to develop more social enterprises in Malaysia like the cafe Bura-bura. The social enterprise is an important community-based employment for individuals with disabilities. Social enterprises can be set up in Community-Based Rehabilitation centers in Malaysia. The social enterprise will provide employment for individuals with disabilities who have difficulty finding employment in the

open employment.

The future plan is also to expand United Voice Employment Project to increase the number of employees being employed and create more products to be sold to the public. Upon seeing the cafe bura-bura, the idea to develop United Voice Employment Project is to produce food and bakery items to sell to the market. The items which will be baked will include pastries such as blueberry cheese tarts, egg tarts, scones and bread. The items will be sold at a local morning market to the public. Individuals with disabilities and a staff of United Voice will operate the stall and sell the products to the social enterprise. Individuals or organizations which would like to make orders of the pastries and bread will also be able to order from United Voice. The expected result of this activity is to create more employment for members of United Voice who are unemployed. The objective of this activity is to generate more income and employment to make the social enterprise a sustainable enterprise in the long term.

The philosophy behind the patient-led research is the self-advocacy movement in which individuals with disabilities speak up for themselves and are empowered to lead. Apart from developing social enterprises in Malaysia, a future plan is to teach self-advocacy in schools in the special education program. There is a need to teach and train students with disabilities with self-advocacy skills so that they will be more equipped to face the challenges of adulthood and to prepare for working life after school.

The plan is to conduct self-advocacy workshops in schools to individuals with disabilities with the aim of instilling self-advocacy skills in the students. The workshops will cover various topics under self-advocacy skills training. Firstly, students will be thought to develop self-awareness so that they will learn to identify their weaknesses as well as their strengths. This can be done through presentations and sharing experiences by individuals with disabilities. Developing self-awareness as what the members of Bethel House have done is important to learn to cope with the challenges faced by the individuals. It is through self-awareness that there can be self-acceptance which will lead to a better recovery process.

The self-advocacy workshop training will also include teaching students to speak up for themselves. The workshop will include opportunities where students can practice public speaking with their peers. Teaching them to learn to make their own choices will include discussion and role-playing activities. Other topics which will be thought are leadership skills, handling responsibilities, knowing one's rights, developing self-confidence and preparing for employment.

The self-advocacy workshops can be held in various schools in Malaysia which has special education programs. The duration of the workshops will be for approximately 2 days where students can learn and practice their skills. The process of implementing the workshops will be to contact the coordinators of special education programs in school. Subsequently, students as well as special educators can attend the workshop to learn. The self-advocacy workshops will be carried out in schools to special educators and students to learn about self-advocacy skills. The skills which are learnt can enable individuals with disabilities to express themselves better and have consciousness about their strengths and weaknesses.

The experience of Bethel House will also be shared with organizations which provide services to individuals with mental disabilities. I will promote the patient-led research program and the concept of starting a social enterprise like the Welfare Shop Bethel to individuals with mental illness in Malaysia.

A subsequent future activity is to collaborate with the Malaysian Mental Health Association (MMHA) to set up

an online support group for individuals with mental illness. Kieran Mchale, a friend from New Zealand whom I met through the JENESYS program, is assisting in this project as the advisor. The online support group can be a platform for individuals to share their experiences and support one another in the Malaysian context. This online support group will be particularly useful for young people who have mental illness such as depression and schizophrenia to learn how to cope with their difficulties by expressing themselves and receiving peer support. Prevention of mental illness through education and awareness is another objective of this support group. I hope that this support group will help individuals with mental illness know that they are not alone and find strength in recovery.

On conclusion, the experience of visiting Bethel House at Urakawa Town is has been very insightful and interesting because of the innovative approach taken by Bethel House through the patient-led research. Many people will be changed and recover from their illness when they learn to discover more about themselves and express themselves. This approach has the potential to impact more individuals struggling with a disability or an illness. The patient-led research could be thought to individuals with disabilities and social workers to empower individuals with disabilities to take the lead in discovery and recovery.



Ki Ling

- **County** : Myanmar
- **Affiliation** : Department of Social Welfare
- **Position/Title** : Co-Principal of Vocational Training School for the Adult Disabled

1. The most impressive scene/event/program in Urakawa

In my opinion of social welfare activities, in Urakawa. I appreciate to Bethel house. Formed for the several people with mental disorders. And its also the cornerstone of advocacy movement of people with mental disorders. At present More than a hundred people who are associate with bethel house in one way or, and involved in its social welfare activities.

Urakawa is a town in Hokkaido and a small town with the population of 14,000. The bethel house is located there. In early 1980, members with mental disorders started to live together in an abandoned, old church house in Urakawa. The church became a group home and was named “ Bethel house is not only means to this only church but included in all members in Urakawa.

The most impressed activities are, Bethel Welfare Shop, konbu works places and its expanded business to agriculture and fish processing works. Its modified small scale work places.

In the activities, how do your people and conduct is “use your tongue rather than your hands” made my heart delight. I will borrow this team in my work site. Another thing I like is motto “problems our room.”

Vocational support center and self help group are things to consider that I have to apply in my country. That is why I like Bethel house activities in Urakawa.

2. Future plan / activities based on the experienced in Urakawa

Based upon what I have learned in social welfare activities in Urakawa, the plan I am going to conduct in my adult disabled school is to form a group activities like bethel activities in Urakawa. Before in my school, we give vocational training to adult disabled individually but in less group activities. One thing I have considered is to upgrade our training manual and methods so that disabled trainees. So we have to form a shop like bethel shop.

I will add advanced activities that I have noticed in Urakawa, those are bethel's expanding business to agriculture and fishing. In our country, agriculture is quite suitable to train and invest for the people. What is difficult, is the finding for the micro loan to give to my/our adult disabled for their income generating. After training program in my school, I have to encourage them not to live or stay in lonely and to community and networking with our

school and other disabled trainees so that they can get help. I have to arrange some small scale work places at my region by community or coordinating with local NGO, and INGO.

Firstly I have to make or upgrade staffs training to clear procedural methods what I will conduct future. Second, I will submit my plan to upgrade training and networking for one our disabled trainees and opening a shop for products made by disabled. It will need by disabled. It will need several meeting with our organization. What is poor in our experience is marketing. It will be Problems in our activities because we don't have skill and practice in marketing. That is one thing assumption. For the forming of vocational support and self help group, we may take time base upon budget and, funding and skill training. But it is very important and necessary for the development of adults disabled persons. Finally small scale business can help disabled people to stand on their own foot and Net-working system is a must we have to put our spirit to get success building for the program, that I mean my future plan.

In my plan for the development of persons with disabilities, I will give them not only vocational trainings, setting up a small business but I will make follow up activities. Self help groups are to be formed in region wide and share their capacity and capabilities within (SHGs). It will help more disabilities movement make people to understand rights for the persons with disabilities. Making more participation in social economic and political activities can reduce the discriminations to(PWDs).

There are still many challenges for disabilities issues in our country, such as inclusive education, job opportunities, traditional norms. I know that my plan can not cover all the issues we are facing now. However, I believe that like a snow ball method my these little activities will take a part for long term and sustainable development for the adult disabled persons in their career.



Nan Mouk Seng

- **Country :** Myanmar
- **Affiliation/Organization :** Department of Social Welfare, School for the Blind
- **Position/Title :** Deputy Principal

The most impressive scene/ event / program in Urakawa

The most impressive program in Urakawa is "Bethel House". Several people with mental disorders formed a group and tried to survive on their own through the difficult times. And then, they are involved in a variety of activities. Especially, they involved in business. Bethel members have good opportunities and training of mutual communications, including talks on their mental disorders. Bethel members are constantly in touch with the customers and they have higher level of communication skills. And they have a chance to disclose their weakness, conditions, vulnerabilities, problems and hardships through meetings, SSTs. They get relief, become confident and find more friends by sharing their experiences and difficulties. People with mental disorders become free of stigma. So, they can live and work better in less trouble some circumstances.

In Myanmar, many people still believe that mental illness are caused by evil spirits, witchcrafts or because of not paying respect to the (37) Nats or super natural spirits. If someone become mentally ill or start behaving strange, they send him/her to the local healers or Payawga Sayas(Myanmar word). Many people do not accept that mental illness are not the treatable diseases. Many patients still remain untreated properly because of stigma and discrimination, mis-concepts and unhealthy attitudes towards mental disorders.

In Myanmar, it is hoped that mental health care have to be provided for the whole country. Firstly, to remove or reduce the stigma and mis-concepts , we need to do-

- launching of advocacy and awareness campaigns to raise the profile of mental health.
- Mental health education program in accelerating momentum.
- Early detection, proper treatment and after care services showing that mental illness is a disease and treatable.

There are barriers like stigmatization, discrimination, mis-concepts about mental illness, unawareness of having mental disorders and how and where to use the mental health care facilities, lack of mental health education, and might be and inadequacy of mental care services including for away to be utilized especially for patients living in the border areas and marginalized groups.

In Myanmar, people with mental disabilities have difficulty leading a normal social life, and they are most likely to be excluded from society. They need to live with the help of their peers within the community by involving in

a variety of activities. By forming self help group, they can involve in business on their own and help with each other.

In Bethel House, people with mental disorders can live on their own and work better in a normal social life. Moreover, in Japan, there is no mis-concepts and unhealthy attitudes about the mental health. We need to try to promote and upgrade the knowledge, skill and practice. And then, we have to create work provides and talk about challenges at their workplace. We need to help to form self help group of people who experience mental disorders and advance social status. The conditions of Bethel House and Myanmar is very different. The experience in Urakawa town and Myanmar is different. So, the most impressive program in Urakawa is "Bethel House".

Future plan/ activity based on the experienced in Urakawa

Objective

- To promote opportunities for self employment, entrepreneurship, the development of cooperatives and starting one's own business of persons with disabilities.
- To identify the people suffering from disorders in the community
- To deliver care for the people suffering from mental disorders in their own community

Place

Sagaing Rigion, Sagaing

Upper Myanmar

The Republic of the Union of Myanmar

A small town and population is about 276745. A unique place in Myanmar, a place of extraordinary tranquility and beauty. Situated on the banks of the Ayeyarwady River, life-blood of Myanmar. The glory of Sagaing is the countless pagodas and monasteries of Sagaing Hills. Tourist attraction in Myanmar because of the ancient capital of Myanmar kings and historic pagodas.

Activities

Sagaing is one of the place of the tourist attraction in Myanmar. So, we will start to open the souvenir shop in Sagaing where many tourists and visitors used to visit.

Length of future activities and working plan (October 2011 to June 2012)

Activities (1st month, 2nd month, 3rd month, 4th month)

- Capacity building training (such as making souvenir gifts, cane and bamboo work, fancy, key chains)
- Capacity building training as group work, leadership skills, management skill.
- Build a souvenir shop in Sagaing. (2nd month, 3rd month)
- Decorate this shop by their own idea (4th month)
- Open and sell (start from 5th month)
- Monitoration (the end of every 3 month)
- Reporting (the end of 4th month and 9th month)

-
- Evaluation this project how they will run their sustainable development by themselves
 - Meeting themselves with facilitator (once a month)

Participants

Deaf, Visually impaired persons, Mental disorders, Physically handicap.

There will be about 15 participants in this pilot project.

Criteria

We will choose above participants who are between in 18 years and 30 years who have been trained in vocational and educational.

Expected result / out put and impact

They will form self-help group and run their sustainable development by themselves. And other persons with disabilities can see their abilities and activities and they will try to form self-help groups. They can get vocational and professional rehabilitation, job retention and return to work programme for the person with disabilities.



Visitacion Espinosa Apostol

- **Country :** Philippines
- **Affiliation/Organization :** Katipunan ng Maykapansanan sa Pilipinas, Inc.
- **Position/Title :** National Project Director, Breaking Barriers for Children and Young Adults with Disabilities Project
- **URL Address :** www.bbcy.org

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My stint of staying in Urakawa, Japan significantly created a dent in developing both my personal and professional capacities. It is one of the rarest opportunities that offered rich and valuable experiences and learnings. The magnificent and alluring beauty of the place, the hospitality of the people, the inspiring programs and services of every agency visited, the cultural heritage that captivated my interest and the new to my taste bud palatable local food were among of the many things that truly made the journey unforgettable.

February 28, 2011, the 3rd day of the programme, was filled with awe. It marked the beginning of a hectic schedule in a place away from Tokyo where we first spent our first 2 ½ days of learning about Japan Foundation, JENESYS Programme, country brief of each participant and the inspiring lecture-discussion of Prof. Yushiyuki Nagata on the “Wholesome Development: Holistic Approaches for a Balance View of Our World”. In my mind, the hectic schedule was nothing compared to the excitement and the beautiful and meaningful opportunities ahead of me. I knew every single activity was a great plan to enjoy and to learn from.

This full of anticipation six-day journey, including travel time, in Urakawa started with the group bus ride to Haneda airport. I must say, the sense of family, unity, camaraderie and sharing of the participants from the 16 countries in Asia and Pacific carrying distinct cultures, orientation and backgrounds kicked off in this 45-minute road trip. Recounting every cherished moment immediately after we reached the airport were our long queue checking-in our respective luggage, strolling within the airport vicinity, forming sub-groups to exchange pleasantries, and waiting for our departure were note worthy little things that contributed much to establishing group cohesiveness, acceptance, and open communication which has facilitated the building of a sense of family among us. These encounters loosened up the feeling of alienation of all the participants coming from different walks of life who for the first time have met each other.

The first unforgettable experience in Urakawa was historically recorded to participants from tropical countries, like Philippines, where fine and inches thick white snow chilled us as we left the doorstep of the New Chitose Airport in Sapporo. This amazement went on as we passed by the mountain ranges, long stretch of beach shores, wide farm lands, tall pine trees, and roof tops covered with white snow. This made my 3-hour bus ride to Urakawa naturally

entertaining and relaxing. The long day journey culminated with the hot big bowl orders of authentic Japanese Ramen (which later became my favorite) and tall glasses of sakae (popularly known as the local wine) for dinner. These orders were perfectly served to balance the freezing body temperature especially of those participants who have never had an experience of winter before. The freezing night was further warmth with the spontaneity of the individual interesting happy stories unraveled during the fellowship dinner.

The official business in Urakawa took off on the 4th day, March 1, at the Urakawa Culture Center with the presentation of the place's Social Welfare Programs. The comprehensive discussion of Mr. Yoshino on children's services has captivated my attention as I have been dedicating my professional life to the sector of children with disabilities in the Philippines for more than a decade now. The local government has been impressively providing sufficient financial and intangible services. The availability of enough facilities for persons with disabilities in the area makes the services visible and accessible. The provision of Special Child Dependent's Allowance is a great help not only to the client but to the whole family as well. This is truly a privilege for a client coming from developed country which a poor country can not provide to its constituents who are in dire need.

The principle of equity and the mandate of providing equal opportunities to every constituent I suppose was a paramount concern of Urakawa's policy makers, program developers and service providers. This is a social welfare good practice which can be advocated, lobbied and replicated to the participating countries.

One re-awakening experience during the day was the short-lived community life I had with the group of Ainu. This is a minority or indigenous group in the northern part of Japan who are continuously struggling for their identity and inclusion in the society. Like a universal concern of every nation, the Ainu remain vigilantly watchful on their foes to fight for their rights as they felt discriminated, excluded and denied of equal opportunities.

The presence of the JENESYS group was a testimonial that the Japanese government has been on board to address and mainstream their issues and concerns. I believe that the government has been adherent to the International Covenant on Civil & Political Rights and the International Covenant on Economic, Social & Cultural Rights for Ainu. This would imply promotion of Japanese minorities' right to self-determination acknowledging their political participation and pursuing their economic, social and cultural development.

Their laborious program and luncheon preparations were deeply touching. This was a show of their preserved cultural identity in receiving and entertaining visitors. Despite their low awareness that the Japanese government has been embracing their cause, they maintained their warmth and good personal relations towards foreigners. The openness of the Ainu leaders who shared glimpse of their daily way of life from food preparations, wearing of traditional clothes and accessories, among others, was inspiring and moving. We personally and collectively felt this when they fashioned us with their traditional costumes, merrily enjoined us in their traditional dance and tutored us in playing their musical instruments made of indigenous materials.

The 5th and 6th days, March 2 and 3, offered brand new experiences starting off with the visit in Chinomi no Sato, Chinomi Sou, Kaigo Yobo Center, an institution for the elderly. Globally aware that Japan has an old population, our momentous meeting with some of the elderly brought them joy. The young leaders of JENESYS have bridged the generation gap as we have engaged them in relaxing conversation and even joined them play the puzzles as a form of mental exercise. I, who was hooked to play the puzzle with one of the elderly, have realized the importance of being with a family when you reach senility. Filipinos known to have close family ties could hardly imagine life without a family especially in times of old age where you most need the love and care of the immediate family members.

But life situations are very relative. Kudos to the Japanese who are preconditioned to this kind of life! Moreover, kudos to their government for ensuring that elderly facilities are well equipped and provided with compassionate and caring manpower as a substitute provision of comfy atmosphere to the elders.

The Warashibe experience was one of a kind experience in the world of providing rehabilitation services to persons with physical problems like those with cerebral palsy. The horse back riding was definitely a treatment cum recreational way of restoring the physical functioning of the persons with disabilities. The process of involving horses in the treatment sessions was likewise a good practice of bringing closer the people to friendly animals which is considered very therapeutic.

This kind of service struck me because for the long years I have been working in providing comprehensive social, educational and rehabilitation services to thousands of children and young adults with disabilities all over the Philippines, it was my first exposure to witness rehabilitation sessions using horses as modality for treatment. This kind of intervention was quite unconventional defying from the usual trend of conducting physical and occupational therapy sessions at the centers using machines and gadgets introduced by the advance technology.

I was personally stirred with the impact of this service when I got the chance to ride at back of the horse. Then I realized that it was truly therapeutic because it stimulates and strengthens body muscles from head to toe. Moreover, the horse back riding enhances coordination of body movements, head control, and straightening of spinal columns of people who have physical disabilities. Another special feature that goes with it was the fun and excitement of riding on a horse which normally just an attraction in places of interest and sports events.

The 7th day, March 4, was an illuminating chance of mingling with persons with mental disabilities of the Bethel House. The facility that espouses on self-led research was very empowering strategy in honing the best potentials of the clients. This maximizes the opportunity of self-discovery that increases the recognition of client's strengths and weaknesses and the ability to find solutions to their own problems. The practice-based approach of involving the clients is a good mechanism in developing persons with mental disabilities to live independently.

Our week-long stay in Urakawa indeed left life-long good memories. The days of hopping from one institution

to another reeled the educative, informative and professionally enhancing activities. The long days filled with so much learning was capped with the momentous night of partying with the local people. The rendition of selected local music, learning Ikebana, wearing of kimono and fellowship over sumptuous Japanese food was simply delightful and enchanting.

The twelve (12) days visit in Japan etched great memories to include the visit in Kamakura. The chance to see the 2nd largest Buddha statue, visit to different temples, staring at the fascinating beauty of the cherry blossom flowers, quick try of calligraphy writing, witnessing traditional Japanese wedding, the solemnity of tea ceremony, the view of the magnificent Mt. Fuji and the climb to Tokyo Tower were simply wonderful.

These great experiences were made possible with the company of great people who were easy to get along with. We, the participants, have built good friendly relationships and forged partnership in the shortest period of time. This proves that in diversity there is unity. Our differences originating from different countries of distinct cultures realized our interdependence. We don't live in isolation. Indeed, we need other people to complement our inadequacies and we need other countries for our nation to progress.

At this point, I would like to convey my sincerest gratitude to all the sponsors and organizers. The success of the JENESYS programme was holly attributed to the well orchestrated activities. You were truly inspirational to all of us. Thank you for the best opportunities you so kindly provided!

Activities	Mechanisms of doing it	Target groups
Orientation on the good practices, concepts and strategies learned during the visit to the different agencies in Urakawa	Integrate the activity in the training-workshops to be facilitated in the different project areas across the country.	Staff, partners, stakeholders and beneficiaries of the Breaking Barriers for Children and Young Adults with Disabilities (BBCY) Project (the project I am currently managing)
Adoption and integration of approaches and methodologies learned to the training modules of the project	Revision of training modules to fine-tune the strategies and approaches in the rehabilitation of the children and young adults with disabilities. The inspiring programs and services of Bethel House and Warashibe can be tailored fit to the Philippine set-up.	BBCY Project staff



Richard Beniza De Villena

- **Country** : Philippines
- **Affiliation/Organization** : Association of Teachers and Adult Leaders in the Arts
- **Position/Title** : Chairman

1. The most impressive scene/event/program in Urakawa

On the first day in Urakawa, we met Mr. Yoshino, Chief of the Department of Health and Social Welfare of Urakawa. The Chief himself discussed about the present social welfare program in the town and its functions to help those who are advanced age, intellectually, and physically challenged people. I am impressed about the policies with regards to the services about taking care of the aging population and nursing care insurance system of the town, that is providing access to facilities and proper care regardless of their paid insurance when needed most.

I have observed the Ainu community in Urakawa. They have shared their culture with us and I am honestly loved the way they preserved their national heritage in Japan. They have advocacies with the people surrounding them and keeping the culture alive amongst them, though sometime they were just minority in town. I have understood the values and the way Ainu culture contributed to the local tourism of Urakawa. I have found myself engrossed with their clothing, designs, food, and the arts. I have inculcated the sense of belongingness to them just for a while and I have learned a lot to their experiences in keeping the heritage and culture alive amidst the town's progress.

The lecture of Mr. Mukaiyachi, Social Worker of Bethel House, which gave emphasis on the realization that people with mental health difficulty can actually live and be productive in the town of Urakawa. I have understood the meaning of what is normal human being in society, is it them or is it me? The way people coping with their difficulties are very inspiring yet challenging it may seems to their respective lives.

The Bethel House, a very warm and accommodating place for those who want to find refuge and belongingness. It is a great opportunity to see them living together and work together for them to survive and to find ways to help the community in general. I experienced working with them as a family, as friends, and being part of their own community. Finding ways to augment their financial through the use of kombu processing, while keeping the environment in balance.

The Bora Bora Cafe, a not so ordinary place I have seen. A place where I can just sit, and take some coffee, while having good time with friends of the Bethel House and local town people. I am so impressed with the interior set-up which actually built by hands of the Bethel members. Ecology wise, the members actually did a very wonderful place and the same time a means for all their products to be displayed and becomes useful to the town people. It is amazing to see people of all ages coming in and savor the place which is very pleasant.

The Urakawa town is located nearby the sea and the good thing about its location is the grandeur of the sea and the mountain side, where people commune with the environment. Places near the sea has warning signs where to go when there is tsunami, keeping the community at a safe level is really been considered in this town.

Koyokai a place for mentally challenged people provides day time activities and very strategic since there are various tasks to every person using the facility. The activities help a lot with their cognitive and psycho-motor ability. People are divided into groups to cater to their capacities and how they will cope with the task. The facility helps a lot the way I saw every person while they make their own stuff. I realized how important every human being even the person has difficulty mentally.

Warashibe an institution for the physically challenged has something in very unique approach. I am impressed with the therapy process where a person can progress through horseback riding. It was a very memorable experience that the rider has interaction with the horse and found healing physically. I have observed the staff how they manage the process of rehabilitation amongst physically challenged person. It was a tearful experience for me because I saw to them the effort and dedication to help despite the winter season, while doing the therapy session. It gives me the reason to understand how the process of healing takes place.

The patient-led research, a method being used in Bethel House and every members, realizing the effectiveness of understanding one's illness and therefore, not to go away with it but to stick with it and recognize its capacity to be able to help the person cope up with everyday living. Peers help a lot to everyone who is suffering to mental hallucination or what they called "dear hearing". I understood the quality and quantitative result of the method. Quality in every person coping behavior and the number of people benefited from this research.

2. Future plan/activity based on the experienced in Urakawa

The experiences I have in Urakawa is quiet excellent, though, my field of expertise is the use of theater in cognitive, affective, and psycho-motor of an individual especially those children who are suffering from physical and sexual violence on the streets and at home.

The idea of patient-led research taught by Mr. Mukaiyachi can be used in the areas of drama and role-playing to be able to analyze present situation and coping skills, inner-conflict resolution, and inter-personal progress of a child suffering from violence at home, and in the community. This activity will commence after initial consultation with social workers, and psychologists handling the cases of the children. The objective primarily, the children

will identify their weaknesses and realize how they will accept these weaknesses and therefore come up with the short-term solution that will address to their emerging problems. This activity will be tailored-fit to the needs and capacity of the children. Expected output will be summarized into written resolutions and actions coming from every participant, and will validate by the social workers and psychologists for the quality and quantitative results.

The concept of Warashibe and Koyokai will be used to advocate to agencies and organization catering to the needs of mentally and physically challenged people, though this might take a hard time to replicate but, I am hoping to the best I can do for the benefit of those people who are suffering from mental and physical difficulties. Result of it will be determined during follow-ups on social welfare issues.

The compass method taught by Professor Nagata, will be used in life skills and life goal planning for the children ages 13 to 17 years old. The method is quiet good and can be utilized for the children inside the temporary shelter which I am actively volunteering through drama therapy activities. I have started already on this activity and will continuously do so in order to come up with good results for the children. The objective primarily is to gather more information to the children experiences and make use of it to come up with actions that will benefit the children in their everyday living.

The task is so big at hand, but I am eagerly wanting, needing this opportunity to replicate some good and wonderful experiences I have learned from Urakawa. This might have differences from the institution where I have seen, yet it will be more encouraging to see how it is well happening to my locality and perhaps influence the region in my country.



Hsu Yuh Wen

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1. The most impressive scene/event/program in Urakawa

Japan has always been a leader in social welfare among the Asian countries. I asked myself what I learnt from this exchange program. What did I see, hear, feel about in Urakawa, that allow me to bring back to Singapore. Indeed, there were many learning points throughout the trip. It is difficult to pinpoint exactly what made the whole experience in Urakawa a unique one. There was something to learn everyday.

After Mr Yoshino's presentation on the social welfare in Urakawa Town, I thought I was already impressed with the substantial amount of funding and support that the local government gives to people with disabilities. Being involved in the social service, I know very well how much these subsidies mean to people with disabilities and their families.

Needless to say, Bethel House was the highlight of the stay in Urakawa Town. Though it is not the first self-help group in the world that caters to people with psychiatric issues, it has certainly changed the whole notion of community rehabilitation for people with psychiatric conditions. We went to a few of the Bethel House's facilities for a visit and I saw for myself how Bethel House members were able to carry out their activities in a respectful and supportive atmosphere.

In my opinion, the social support from others has been one of the key factors for Bethel House's success. Bethel House members that were once shunned by others because of their psychiatric conditions, have found a place that accepts them. They are not being judged by what they are capable of. They are encouraged to have control over their condition, even naming it in their own words. The members feel accepted and at ease, even as they share their weaknesses in a group. They know that they are not alone in facing the challenges that used to cause them anxiety. They know that they have the peer support from other Bethel House members, who would offer them advice. Like any one of us, they need to have a sense of acceptance from others, as well as a place they feel a sense of belonging to. And, they found it in Bethel House.

However, the thing that really struck a chord in me was at Warashibe - Institution for Physically Challenged. The institution provides respite care service by taking care of people with physical disabilities temporarily for a short period of time, thus enabling the family caregiver to take a short break. The Institution provides respite care service, either at the home of the client or at its premise, where the client stays for a short term stay.

A family caregiver's job is never easy. The physical, financial and emotional consequences for a family caregiver can be too overwhelming without some support to relieve stresses of care giving for a family member with disability. The staff of Institution for Physically Challenged who brought us around the facility said this, "Through workshops, we hope to equip family caregivers with the 'know-how's of taking care of people with disabilities. But at the same time, we also place much emphasis on the family caregiver's emotional state. As a social welfare service provider, we recognize both are just as important. We can't just focus on either one of them."

His words got me thinking. As a Special Education Teacher, what have I done for the family caregivers of my students with intellectual disabilities? Have I done enough? Have I done anything? What else can I do besides involving parents in their child's education? What has my school done for them? Even though, it was a short visit to the Institution, I left the place, thinking about the words he said, and reflecting the current situation in my school.

All in all, it was an enriching experience in Urakawa Town. Beyond all the funding and high-tech assistive devices, the people are the ones who made a difference to their lives and others' lives. And, that is something which cannot be replicated by technology or bought with money.

2. Future plan/activity based on the experience in Urakawa

I reckon that I cannot possibly start a respite care service in a school. However, I would want to explore ways to support the family caregivers of students with intellectual disabilities, studying in my school. For a start, I would like to make changes to the Parent-Teacher Conference (PTC), to be held on 27th May 2011 in my school. I would like to see my school to take on a pro-active role in involving parents. PTC is a good opportunity to reach out to parents as almost of them will turn up for the meeting with their child's class teachers. It is only when rapport is built between the school and the parents, the school is able to better understand their needs and address their concerns. I am currently working with various committees in the school to put several activities in place. One of them is to showcase the range of vocational training available in the school. Together with the Parent Support Group, we will source for useful printed materials related to parenting and childhood disabilities in different languages. These materials would be made available to parents on that day. Information on parenting workshops which will be held at family service centres will also be disseminated to parents. On that day, we also hope to gather feedback and suggestions from the parents, and encourage them to join the reformed Parent Support Group and be part of the parents' network. We hope to involve more parents from different backgrounds, so as to have a clearer picture of the issues and concerns they have. On the school side, we will look into ways that can better

support the parents. I have to say this event will be the start of new collaboration between the school and the parents. There will be many more follow-up activities to come that help to create opportunities for parents to know one another. Hopefully, in time to come, the parents can come together, and support one another in the journey of bringing up a child with special needs.

Another possibility that I am looking at is to share my experience in Bethel House with the staff working at Simei Care Centre. Simei Care Centre officially began operations in 2005, providing psychiatric rehabilitation services, including employment services for its residents, either through shelter workshops or liaising with external organizations for open employment. Similar to Bethel House, it also provides and oversees a range of psychosocial programs that would be beneficial for people with psychiatric conditions in their road to recovery. Given the similarities in their backgrounds, it will be exciting to explore the possibility of running Social Skills Training here in Singapore.

A short presentation on how Bethel House operates, and its unique features e.g. patient-led research, Social Skills Training, will be conducted. I hope to involve the case managers and social workers who have been working closely with the members there. Materials on Bethel House that were given to us will be shared with the staff. Together with the staff, we will explore the possibilities of conducting Social Skills Training with some of the residents at their premise. However, at this point in time, I feel that I would still need to read up more on how Bethel House conducts its Social Skills Training, and other unique features such as 'Self-diagnosis'. Even though, I had spent a few days visiting Bethel House's facilities, I am sure Bethel House still has many things for me to learn. This is the reason why, their publications will be on my reading list this year.



Lin Jingyi

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First and foremost, I would like to express my heartfelt gratitude to Japan Foundation for giving me the opportunity to be part of the JENESYS programme in February 2011. The programme had exposed me to the social welfare system and services in Japan, and also allowed me to learn from the experiences and expertise of my counterparts in SEA and Asia Pacific.

Urakawa: Beauty by the Bay

A good part of our JENESYS programme was spent in Urakawa, where we were exposed to a variety of social welfare services in Japan. It was also where the essence of the programme came to life, where many bonds between the JENESYS participants were forged, where the warmth and hospitality of the Japanese people shone.

Urakawa was by no means a homogenous society. It had a top-heavy population pyramid, with pockets of people with mental illnesses living amongst the community. In the town, you can even find remnants of the descents of the Ainu tribe. The lamentable part about Urakawa, was the rarity of young faces as a result of suburban-to-urban migration. I found it ironic that what makes the town unattractive to the younger generation of residents, is what appealed to me most. A quiet small town sitting on the southern coast of Hokkaido, the pace of life is slow and the streets are sparsely populated. The location and the disposition of the town and its people are probably factors that make the place suitable for a set up like Bethel House.

Established in 1978, Bethel House, is a self-help group for persons with mental health conditions, particularly schizophrenia. Bethel House was set up with the tenet that the patients are their own mental health expert. As such, they get to define their own hardship and research on their own condition in order to find ways to cope with it in their daily lives.

What I find most impressive about Bethel House, is the empowerment that the patients experience. Bethel House is an epitome of a bottom-up approach. It did not sprout from idealistic dreams of big people, but noble aspirations of small individuals. Its founders were Mr. Ikuyoshi Mukaiyachi, a social worker along with a group

of people who were discharged from a psychiatric hospital and their close associates. In Bethel House, the patients themselves decide what they want and need, and go on to design programmes that would meet their needs. For example, after receiving much support from the society, the members of Bethel House wanted to find a way to be able to contribute back to the local community. This need to make a social contribution spurred the beginning of social enterprises at Bethel House. Another example was how a handful of its members became core support staff as the organisation expanded. Their experiences as patients naturally predispose them to be empathetic towards other members, and put them in a good position to provide the support to their fellow members. During my interaction with the residents of Bethel House, I felt their immense sense of pride in being a useful member in the organisation and in society.

In addition, I found that the presence of employment opportunities play a big role in contributing in the empowerment and recovery of the patients. As Mr. Minoru Sasaki, the president of Welfare Shop Bethel said, “Instead of just being supported, we need to give back to the town.” Over time, Bethel House has expanded their enterprises to include a Cafe, production of other goods such as cards or other craft items, a business selling nursing care products, as well as ventures to take on cleaning contracts at the hospital. The diversification of their income-generating activities also means that they are able to cater to the different abilities and interests of individuals in Bethel House.

For example, I noticed that there were more youths from Bethel House working in the Cafe, possibly because of the liveliness of the food and beverage line, as well as the direct interaction with customers that makes it more appealing to the younger generation. Meanwhile, I observed that people working in the Konbu packing business, composed more of members who were in their thirties and above. One of the reasons I speculated, was perhaps because this job gives them the opportunity to chat while they work together at the same desk! Furthermore packing seaweed requires a simpler set of skills mundanely repeated, which probably makes it easier for the older members of Bethel House to learn. Hence, not only does the business aspect of Bethel House generate income for self-sustenance, it also helps to keep its members economically and meaningful engaged. Moreover the diversity of its enterprises ensured that almost everyone will be able to find a suitable job.

Another aspect of Bethel House which I admired, was the level of community spirit and support among the members. Tolerance, non-judgment and mutual acceptance seemed to be unspoken values that are commonly shared. I fondly remember that there was a member in the group, who wanted to showcase his talents in spinning a top. A man in his mid-adulthood, this member was also eager to share about his research on “UFO”. Even though we were running on a tight schedule, I was touched that the members of Bethel House still granted him the opportunity to speak in front of the congregation. They did not judge him, or brush him aside, but allowed him to fulfil his need to express himself. There was an atmosphere of acceptance and understanding, which is hardly seen in our society nowadays. I feel that this supportive, non-judgmental environment and the validation of people’s thoughts and emotions can contribute tremendously to a person’s recovery.

In terms of social support, Bethel House has an extensive range of meetings to provide the emotional and practical support. During these meetings, members will listen to each other talk about their difficulties and hardships. In addition, members of Bethel House also conduct social skills training to help each other improve their communication and social skills. During a demonstration session, I was surprised to see that members are already familiar with techniques such as CBT, role-playing, modelling, and are able to apply to the daily situations that they face. Furthermore, they were able to give each other constructive feedback and encouragement after the role-play. This was a remarkable reflection of the level of mutual support and camaraderie between the members of the Bethel House.

Looking back on my trip, Urakawa was truly the highlight of the JENESYS programme. On our last night in Urakawa, the local residents came together to throw a party for us. When we arrived in the town hall, I was truly impressed by the amount of effort that the residents had put in. On top of the dinner, decorations and performances, they also set up booths around the hall for us to experience traditional forms of Japanese art and culture. Thanks to their thoughtfulness and efforts, I had the chance to try flower arrangement, tea ceremony, Japanese harp and Kimono-wearing! The party eventually ended with an impromptu mass dance. As the JENESYS participants and the local residents gathered in a circle for some simple steps of clapping and dancing, I felt that an immediate sense of warmth and connection. That marked the most memorable scene in Urakawa.

A New Dawn

Shortly after I returned to the sunny and humid island of Singapore, I found myself missing the warmth in Urakawa. However, just like how every end brings a new beginning, the lessons from my experience in Urakawa are not for me to stash away in the corner of my memory. Instead, I hoped for the knowledge gained to be shared and applied so that the benefits of my trip can become multifold.

Since my return, I have conducted a brief sharing with my fellow social workers at our monthly meeting, as well as a formal presentation to all the allied health professionals in my organisation. During the presentation, I reported on the facilities that I saw, highlighting the similarities and differences between Japan and Singapore, and giving my input of what I had perceived as the strengths and weaknesses of each service provider. I also shared about the positive aspects that I felt my organisation or country can learn from Japan.

One of the greatest learning points I took away from Urakawa, was the perception towards people with mental illnesses. To be honest, in my country, it is not uncommon for people to brush them aside and keep them out of the public eye. However, in Bethel House, what I witnessed was the non-judgmental environment and the freedom of speech that the members had, even before a foreign congregation. By doing so, it showed that all members were truly treated with respect and dignity, which is in line with the social work values that I believe in. Although I do not work directly with persons with mental illness, I think that this is something that my country should really learn from Bethel House.

While it may not be possible to set up another Bethel House in my country, I hope to find educate people to adopt a similar mindset and attitude towards persons with mental illness. One avenue that I can achieve this goal, is to speak to my counterparts and other professionals who are working in the mental health sector. In addition, I can also create awareness and encourage acceptance amongst the general public in small ways. As one of the fellow participants of JENESYS programme said, “Your house can be a Bethel house, my house can also be a Bethel House”. I believe I can reach out to people in my social network by constantly sharing about the ideals of Bethel House whenever I have the chance to. In time to come, I hope to see persons with mental illnesses receiving the same level of support, validation and acceptance as those in Bethel House.

To conclude, the JENESYS programme has been a truly enriching experience for me. It gave me a good exposure to social welfare services that are different from my country, and allowed me to gain new perspectives towards the service delivery system. Through the constant interaction and discussions with the other participants, I was able to learn about the challenges and concerns that other countries may have, and be more understanding and empathetic towards those who are less privileged. As an alumnus of the programme, I hope to hold on to the learnings and friendships gained, and I hope that the JENESYS programme can continue to benefit many more generations to come.



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1. The most impressive scene/event/program in Urakawa

The most impressive program in Urakawa for me is the visits we made to Bethel House and the interactions we had with the Bethel House people. I had never interacted with people with mental challenges before and hence these experiences had really deepened my knowledge about the facts about mental illnesses and the challenges this group of people are facing.

I remember while we were packing konbu and in the midst of learning the skill of estimating the weight of konbu I had to pack in a bag, I was observing the people in Bethel House. They were so purposeful and engaged in the work they were doing that it really took me quite aback. When I reflected upon it, I realised in fact all the people in Bethel House were very focused and purposeful in the work they were doing, be it the researches they were doing or the meetings they were attending. It was then that the word “empowerment” comes to my mind and I really feel very glad that this group of people has the sense of empowerment in their own lives. There are many people who feel that because of their disabilities, they are restricted in doing a lot of things and that they are helpless in their situations. However, this is not the case from what I have observed in the Bethel House people. They gave me the feeling that they have the power in controlling their own lives and that the closeness of the Bethel House community has been a strong source of support for them in times of need.

I also remember this man from Bethel House whom I met at Cafe Bura Bura. He seemed very shy and despite the language barrier, he wanted to convey to me the message that he would like to show me how to knit a scarf. To me, it was very courageous of him to try to talk to me because he seems to be shy in nature and that he knew there was a language barrier. However, he was so confident in his trade- knitting that he made this step of reaching out and talking to people. I was really very impressed.

The other event that has left a very deep impression on me is the integrated workshop with members of Bethel House. This was my first time observing a Social Skills Training and I was really very amazed by it. To me, Social Skills Training involves a lot of skills- members have to learn how to listen, how to encourage the member

who is sharing, comment on what the member can improve on as well as perform role play- taking the role of another person. The session we observed taught me a lot of things. I think the first step in sharing your problems with another person is in itself therapeutic. Through the process of sharing, the person is relieved of the burden he is carrying. By discussing the problem and receiving feedbacks from others, the person learns more about himself and the situation he is in and gains more than one perspective. Through role-play, the person learns the appropriate ways to go about resolving the situation and gain more social skills in the process. I realised through this observation, it is very useful for people who are facing similar issues to come together to share and work on improving their situations.

2. Future plan/activity based on the experience in Urakawa

I find the Social Skills Training very useful and hence would like it to be implemented in my school. I feel that there are many issues facing students who are living in Children's Homes (away from their families) and hence would like them to undergo this Social Skills Training.

Students who are living in Children's Homes have similar background (they live away from their families due to certain issues) and they face similar challenges in the Children's Homes (bully, peer pressure, anger management etc). This Social Skills Training will provide them a platform for them to share their difficulties and understand that other peers like them are also facing the same issues. They can have weekly meetings to share about what was hard for them for that week with the presence of a teacher. These children will be encouraged to speak and comment positively to their peers. Role plays will also be carried out during the session for them to learn appropriate social skills- such as how to say no to certain situations i.e. when offered a cigarette. If it proves too difficult for the children to talk about the situation they are currently facing, the teacher can go about this in another way. The teacher can pick a topic i.e. the issue of smoking and present this issue as somebody else who is facing the problem. Students can then discuss and talk about what this person can do without referencing to themselves at all. Students can take the role of that person facing the difficulty and come up with scenarios that he/she can say no to smoking. In this way, students can also learn appropriate social skills even when they are not comfortable with talking about themselves.

To initiate this program, I would first have to talk to the Student Affairs Committee in my school as they are the overall in charge of student matters. I will need to share with them the experience I had at Urakawa Bethel House, the benefits I have seen from this training and the processes involved. The place for the Social Skills Training sessions will be in a conducive small room and the approximate length of time would be 45 minutes. After every ten sessions (a term), the teacher in charge will monitor and evaluate the program to get feedback from this group of students, their class teachers as well as from the case managers at the Children's Homes on how effective this program has been (if students' behaviours and social skills have improved) and if there are further refinements needed. It is hoped that through this training, students from Children's Homes learnt more about themselves and acquire more social skills to help them deal with difficult situations.

This Social Skills Training can also be extended to other students in the school. It will also be proposed to the Student Affairs Committee that a lesson can be set aside each week for class teachers to have a session with the students to share on what was hard for them in that particular week. For students who have difficulty expressing themselves and knowing how to behave appropriately, this is a very good platform for them to practise their communication and social skills, also in letting them know that they are not alone and that support is there whenever they need it.

The training can also be for the teachers who are constantly facing the challenge of carrying out lessons and facing the behavioural issues of students. Instead of approaching their superior for help should they run into problems, I feel that this sharing session will also benefit the teachers who can freely discuss their problems with fellow colleagues and share and exchange ideas on teaching and handling of students' behaviours.

I feel that at the end of it, it is the bonding that is created through the sharing among members of the group that will support the whole program. As what was witness in Bethel House, I feel that it is the strong sense of bonding and community that holds them together. Many positive values are seen generated in the Bethel House community-encouragement, perseverance, empowerment etc. It is hope that this community we have seen in Bethel House, can be extended to other places such as in my school where students and teachers can form small communities to help support one another to overcome daily challenges in life.



Surasak Kao-lean

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1. The most impressive scene/event/program in Urakawa

I have had a lot of impressive experiences and events from the five ? day field study in Urakawa town, Hokkaido, Japan. It is difficult to choose the most impressive scene because every memory is a great value. However, I cannot forget the people in Urakawa town including Ainu and Bethel house's people too. Their warm welcome made me happy when I stayed and studied in that town every day. Although long time has passed, I still remember the first night at Bura-Bura cafe. Light in the cafe made me feel warm in the trembling night. The "Pumpkin Cake of Bura-Bura Cafe" was the most impressive food of mine; honestly, it was my first time that I ate the pumpkin cakes.

When I look back to the field study in Urakawa town, I always think of Bethel house's people especially Mukaiyachi Sensei (Ikuyoshi Mukaiyachi). He introduced me a new research method known as the patient-led research. The key concept of this method is focused on a group discussion for disclosing the patients' hardship and finding the way to relief their symptom by themselves. The members in a group discussion are include the patients (or clients) and the post-patients who play roles as mentors and facilitators of the group. This method is similar with the way to take care the people with mental disability but they are different. The patient-led method is not how to cure their symptoms but to understand them and try to reduce the seriousness of their symptoms. This is an innovation for taking care of the people with mental disability that mixes between the knowledge of academic field (research methodology) and the principle of social welfare together. I think I am very lucky to have had an opportunity to participate in this program and have learned this knowledge.

Beside the impression in academic knowledge, I am impressed by Bura-Bura cafe where all staff are the people with mental disability. First of all, I did not know about this until a staff told me that they were the people with mental disability really? They took care of us and other customers very nice. The more "hand-made" products and pumpkin cakes I saw and tested, the impressive I was for them. Those products, which were made by the people with mental disability, are high quality, very beautiful and environmental friendly (I bought 2 pieces of them as souvenirs). They had sold their products to travelers and people in Urakawa for earning some money to run the Bethel house's activities.

Not only taking care system of the people with mental disability in Bethel House, but the social welfare service system for elders and people with physical or intellectual of disability in Urakawa town were also very impressive

such as institutions for the aged (Chinomi no Sato and Chinomi no Sou), and institutions for physically and intellectually challenged (Warashibe and Koyoen). All of them had systems that were established to serve the clients' needs. Working skill or vocational trainings are included in services for clients aimed to rehabilitate their hardship and provide them more income.

All of that I discussed above; the conclusion is an impressed by the process to take care of clients of institutes which involve the social welfare in Urakawa. The holistic view is used for providing the services provided responding to all groups of user needs and were consistent with the principle of social work, "Help them to help themselves". Especially, the vocational training can rehabilitate users' hardship and also provide income for them.

When the facilities can respond to the clients' needs and staffs are ready to provide the services, the "Rank A" quality of social welfare service can to be established in Urakawa town. This town is full of the treasures of knowledge and experience on social welfare service that ready for everyone to visit here and for learning and be promote these services or systems worldwide in order to creating the friendly world for all together.

2. Future plan/activity based on the experience in Urakawa

The field study in Urakawa is my valuable experience. Not only knowledge and documents about the social welfare and services for elder or rehabilitation for people with disability at Urakawa that I leant, but I also got the inspiration to apply the knowledge and skill for implementation with my present job.

Due to my Thai participant I and are working in the same organization but we are responsible different projects, so we talked to about how to apply our recent experience and knowledge on social welfare in our work. The conclusion was we would translate all documents and materials about social welfare in Japan and services for elders and people with disability in Urakawa town, which we got from participation in this program, into Thai language. As well, we will make presentations together. After we finish these, we will use them as tools to communicate with people. While my target groups are children and youth councils in Thailand, he will focus on the local authority staffs as his target.

I would like to pass on my social welfare knowledge to children and youth in the view of both client and staff. One thing that made me think about this was the word of Mr. Yoshino, chief of Department of Health and Social Welfare. He said that most of the children in Urakawa town had been a part of social welfare as clients, only a small number of them were staffs. This is similar to the situation in Thailand. That is why I would like to increase the children role as staffs. As I have worked with children and youth, I can see their physical, mental, and intellectual energies so I believe that they can make the social welfare better if they receive an opportunity to prove their strength.

I am going to visit the children and youth councils in ten provinces for monitoring and evaluating their sub-projects fund by my present project in this year. To cultivate a good citizenship among the number of children and youth councils at the local level, and empower them to create and develop their projects.

According to my schedule, I will start to organize the first 2 days – 2 nights training in June and the last training will be in October as well as I can add "The Social Welfare for People in The Community" session in the last day of each training. I am interested to make the children and youth leaders understand in social welfare and aware of

their own role to be a part of social welfare service in their communities as well as they can apply the knowledge to create their projects that aim to take care both of elders and children in their communities.

Even though my present project is involved with the children and youth in some provinces, they are in all region of Thailand. They have a strong and powerful working network. The children and youth councils always communicate with one another to share information and organize the activities together so it is possible that the first 10 children and youth councils will pass on the knowledge of social welfare to other provinces nearby.

At last, I think, when the children in their own community can play the role as a part of social welfare more and local authority staff in the same community of those children have a good attitude in social welfare and pay attention to develop the service for elders and people with disability more, they can work together to develop the quality of social welfare service in Thailand as “the cooperative working model”. If this is possible, Thai people will be with the well – being certainly.



Bundith Punsiri

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1. The most impressive scene/event/program in Urakawa

During the study tour in Urakawa, it should be very hard to select only one most impressive experience since I have gained a lot of new experiences both personally and academically. Personally, apart from new great friends from different countries, I also had a chance to meet with several new Japanese friends who were super nice and friendly to strangers like me and the other participants. Although we might have difficulties to understand one another according to the language barrier, they were willing to share their valuable experiences with us. One of the most unforgettable experiences would be the night at the coffee shop named 'Bura Bura Cafe'. It happened when a member of Bethel House started to sing a song he wrote for us and we all had so much fun that we stood in a row like a train and danced around the shop together. Another personal impression was the snow that was so white that I could not help myself put some in my mouth. Finally, although I had tasted many kinds of Japanese food in Thailand, it was incomparable to have those delicious dishes in the original country. Even the snack I bought from a convenient store in Japan, all my friends and family liked it all so much.

Academically, I have learned that Japan has established a strong social welfare system for every member in local communities such as children, adults, elderly people, and the people with any kinds of challenges. I was impressed by the idea of a support group initiated by Prof. Ikuyoshi Mukaiyachi who devoted himself to promote and establish it as a community named "Urakawa's Bethel House". The community not only focuses on encouraging the members of the house who have a kind of mental disability known as schizophrenia (People with schizophrenia suffer from auditory or visual hallucination.) to help one another cope with their outbursts by the approach called 'patient-led research' but also focuses on preparing the members of Bethel House to be able to blend in as equal members in Urakawa town with other members by providing them opportunity to build on their working skills such as waiting tables in the coffee shop or processing and packing products mostly made from Konbu or a kind of seaweed found in the town.

For the patient-led research, the members are trained to provide themselves a group treatment by sharing their difficulties to other members who encounter the similar difficulties and doing a role-play for better understanding of every member at the same time. I also had a chance to observe a demonstration of the process of the patient-led research conducted by a group of young Bethel House members. For instance, while a boy was telling about

an incident occurred to him the other days that two voices were arguing about him to call his girlfriend or not, two members in the group came out to take the roles of the voices and repeat the lines of the voices told by the boy. Then, after everyone understood what had happened, they collectively offered solutions on how to cope with the challenge when it came back again.

The idea of patient-led research was initiated in accordance with Prof. Ikuyoshi Mukaiyachi's suggestion. He suggested that most of the cases were not successful because, most of the time in the treatment, the doctors would play the role of the people who knew best and gave their patients orders while they have never experienced these difficulties before in their entire lives. His impressive suggestion was so inspiring because, personally, I am also convinced that the engagement of the people with challenges would be the best strategy since they can be considered the experts in addressing their own challenges.

Another impression in Urakawa is the visit of an indigenous group known as 'Ainu'. I have learned a lot, especially, about what they have contributed for living in the community with the others as equal members, for conserving Ainu culture, and for ensuring that the young Ainu people would be proud of their identity. Their contributions are, for examples, the establishment of The Foundation for Research and Promotion of Ainu Culture (FRPAC) including the integration of Ainu culture into the school curriculum. These are good practices for indigenous groups who are having difficulties of conserving their tribal culture such as Karen, Akhar, and Hmong of other countries like Thailand.

2. Future plan/activity based on the experience in Urakawa

According to the academic impressions above from the study tour in Urakawa, I am interested in sharing the innovative practices from Bethel House and The Foundation for Research and Promotion of Ainu Culture (FRPAC). To begin with, I have a plan to translate the document which I was provided during the program and which includes the definition, the process, and the cases related to patient-led research into Thai. The Thai translations of the document and the guidebook named 'Let's Experience Ainu Culture!' will be photocopied. After that, I would share them with the participants involved in the research project named 'Rights Based Planning, Monitoring, and Evaluation for Results for Children' which I am now responsible for as a project manager. The participants are the government officials from approximately 100 local authorities from ten provinces. These officials are responsible for creating an action plan, implementing the plan, as well as, monitoring and evaluating their own action focusing on the quality of children's lives in their communities. The sharing of the good practices from the Bethel House and FRPAC would widen their idea on how to independently promote the quality of life of their community's members without merely expecting support from the government.

Moreover, I am an alumnus of Rogatien Foundation which has been providing scholarships for many English or Mathematics majored university students who determine to become teachers or any professions related to Education in Thailand. Each year, an academic seminar is organized by the foundation and willingly participated by all alumni together with the scholarship holders at the present in order to strengthen the network, as well as, to build on the capacity of the participants with useful academic workshops by speakers specialized in the fields of teaching English and Mathematics including innovative or good practices shared by any alumni who are interested. This year, after being informed about my participation in the JENESYSS program focusing on social

welfare, I, therefore, have been invited to present my experiences during the study tour in Urakawa. As a result, all translations and photocopies including the pictures taken during the study tour would definitely be shared to all participants and the scholarship committee in this event as well.

Above is the least I can do as an alumnus of JENESYSS comparing with the valuable experiences during the study tour. Hence, I would like to pass on my appreciation to all involved in who made the JENESYSS social welfare study tour program possible. I would also like to thank all my wonderful new friends who taught me that long lasting friendship can be made in such a short period of time.



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1. The most impressive scene/event/program in Urakawa:

The Program in Urakawa is unforgettable experience in my life. The program was designed logically from “see” to “do”. I am most impressed with the weakness disclosure sessions with people from Bethel house, the Cafe Bura Bura and the visit to Warashibe Therapeutic riding training center.

One of the unique event in addition to knowledgeable and wonderful lecture from Professor Mukaiyachi during the trip is the observation and fully participation in peer lead research sessions with fellows from Bethel house. In the first session, I observed the sharing of two patients on their weakness, the deer voice and instead of being discriminate or laughed at the patient was strongly supported by others. In the second session, we actually sharing and together with Bethel house people, reflect and give sympathy to each other. We have practiced the philosophy of creating a place where you can slack off without worrying. It is important to identify the weakness inside and share.

The next surprise to me is the cafe shop Bura. I never thought it was run by people from Bethel house. The delicious cake, good drink and friendly staff are at the excellent level of any top rank cafe shop. There is no doubt that the coffee shop is a solid evidence to show that people with mental health problem can join the society in an easy and comfortable way. They do make the small town cozy and full of happiness in the snowy time.

Finally, the experience with Warashibe training center is wonderful. Starting with a comprehensive introduction session where the friendly staff sharing the effective impacts of the horse riding therapy. This method is well studied before tailoring to the need of individuals. In addition, the center has seriously measure the effectiveness of the therapy on people with clear and understandable evidence. Following up is the observation, which is the living evidence for the introduction session. It shows how people with physical and mental difficulties exercise while sitting on the horse. They also learn how to express their feelings better, communicate with others through learning the rules and games. Fortunately, I have opportunity to practice horse riding to actually feel the effectiveness of the therapy described above.

2. Future plan based on the experience in Urakawa

As soon as coming back from the trip I have plan to disseminate the experience and knowledge gained from the trip to colleagues in Vietnam

For short term plan, I will collaborate with the University of Labors and Social Affairs to conduct a meeting to introduce the new methodology and its applications to Vietnam situation (2011) and to establish a group for therapeutic riding training (2012), we will collaborate closely with the Warashibe center in the town and writing proposal to bring the group to Urakawa for further learning

For long-term plan is opening a coffee shop, modeled after Bura Bura café in Urakawa (2012 and 2013)



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1. The most impressive scene/event/program in Urakawa

Disclosing Weaknesses, on Your Own, Together

It is not easy to describe the most impressive scene or event in Urakawa because the whole JENESYS program was very much impressive and inspiring. As a short report based on limited resources, I would like to share my strong feelings of the patient-led research meeting on 4th March 2011 when hardships, weakness and failures were not only shared among people in Bethel's House but also JENESYS's participants.

The meeting started with a brief introduction of patient-led approach in which three-steps were identified as (1) what is happening to you (2) what have you done to your hardship and how much do you satisfy with what you have done and (3) discuss about some more effective approaches compared to what you have done. And then the role-playing started by members of Bethel's House as usual as if no arrival visitors were there. Noriyuki Ito, who has been a member of Bethel's House for several years, opened the session with a conversation with his strict father since he did have a very hard time to talk with him about his illness. A scene of dinner at Noriyuki's house was created with the act of two other members as his parents. An enthusiastic member volunteered to be on his knee as the dining table in order to participate in the act. This sight made everyone in the room laugh. The conversation, hence, began easily between Noriyuki and his pretend father. After the role-playing, discussion was made among all members as well as opened to all visitors. Next, a JENESYS participant took a deep breath, bravely stood up and shared her past when she was considerably depressed and even attempted to kill herself once.

Even if role-playing is not new to teachers and educators, group therapy may play the same role in medicine, role-playing here is not the same. It also differs from the popular solitary work of "looking into yourself" and "reflecting" in psychological counseling. It was amazing to see the improvisation show of patient-led research meeting in which solutions to individual problems were not the main purpose but a shared asset that can help other people with the same problem. Personally, I think that it is not only people who have mental disorders that suffer from their weaknesses and problems, but every human being. Individuals, thus, should take ownership of their problems as a part of their life in the same way as people in Bethel's House have been doing.

In business, there is an approach to product's development known as Blue Ocean Strategy. Instead of trying to penetrate a crowded and competitive market, a new market and a new kind of product are created. The situation in Urakawa Bethel's House is somehow similar in which more than 100 people with disabilities have been trying to "not rejoin society, but to advance into society". The idea is not to make them fill another person's shoes but to find their own niches in society.

Through patient-led research, people in Bethel's House are not patients but researchers working together in developing coping strategies for problems. It has proved to be effective method for improving general well-being of people who suffer from mental hardship. It should also be an attractive method for social welfare institutions to try out since it doesn't require special equipments or extensive personnel training. It is my hope that Vietnam will take this example and try this innovative approach to making a brighter future for people with mental disabilities as well as society in general.

2. Future plan/activity based on the experience in Urakawa

- i. A report of JENESYS programme 2011 on social welfare will be sent to (1) Vietnam Institute for Education Sciences, Ministry of Education and Training; (2) Council of Education and Council of Science and Technology, National Assembly Office with a hope that the unique experience in Urakawa Bethel's House could be an example for Vietnam's social welfare institutions to follow.
- ii. A report on value education based on experience in Urakawa will be given in a conference which hold by the Council of Psychology in Hanoi in May, 2011.
- iii. A research proposal at doctorate level, which aims to improve individual involvement in developing school culture in Vietnam, will be submitted to some higher education institutions.

"It is thought that people with mental disabilities have difficulty in leading a normal social life, and so they are most likely to be excluded from society" (Tsuichida, 2011). The situation is similar to students' involvement in developing school cultures at their own schools. Being a Confucian society, much like Japan, China and South Korea, Vietnamese school leadership also exhibits high scores in performance orientation, institutional collectivism, and in-group collectivism (Northouse, 2004). This type of leadership typically does not invite anyone but leaders to be involved in goal setting or decision making (House et al, 2004). In addition, students are supposed to be obedient and extremely respectful to teachers while teachers are expected to be followers of leaders. Their involvement thus is not deservedly encouraged in developing culture at their own school.

From the perspective of educational leadership, Deal and Peterson (1999) assume that shaping school culture is the heart of leadership, which is not only the task of school leaders. Fullan (1994) observed that changes in school structures could do less than changes in school cultures. It is cultural change that supports the teaching-learning process, which leads to enhanced outcomes of students (Hopkins, Ainscow and West

1994). Next to this, transformation of school cultures including norms, beliefs and values will lead to a conversion of behaviors and lifestyles which plays a key role in changing for a sustainable education as well as development (Nagata, 2009).

This proposed research thus aims to understand the complex reality of school cultures at selected public schools in order to give some recommendations for changing school cultures as well as school leadership through improving individual involvement of all school members in Vietnam. The presented research is actually based on the idea of not leaving hardship and problems to specialists but actively using and making them a part of the process of living in Urakawa Bethel's House. The research hopes to help school members to take ownership of their challenges and problems and enhance their involvement in developing school cultures in order to improve school quality.

Proposed duration and avenue: 4 years in public schools in Vietnam

Reference

- Deal, Terrence E., and Kent D. Peterson. (1999). *Shaping School Culture - The heart of leadership*. San Francisco: Jossey-Bass Publisher.
- Fullan, M.G. (1994). "Coordinating top-down and bottom-up strategies for educational reform." In *The governance of curriculum: The 1994 Yearbook of the Association for Supervision and Curriculum Development*, by R.F. & Furhman, S.H. Elmore. Alexandria: VA: Association for Supervision and Curriculum Development.
- Hopkins, D., M. Ainscow, and M. West. (1994). *School Improvement in an era of change*. London: Cassell.
- House, R.J, P.J Hanges, M Javidan, P.W Dorfman, and V Gupta. (2004). *Culture, Leadership and Organization*. London: Sage Publications Ltd.
- Nagata, Y. (2009). "ESD as a Paradigm Shift - Spinning Hopes Towards a Sustainable Future." In *Tales of Hope II*, by ACCU - Asia/Pacific Cultural Centre for UNESCO, 109-135. Tokyo: Tokyo Colony.
- Northouse, P.G. (2004). *Leadership - Theory and Practice*. Sage.
- Tsuehida, T. (2011). "Entering the Age of Patient-led Research." An Article from *The Big Issue Japan* 158 (Nov 2011).



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In the starting of writing my post program report, I would like to thank all the Japan Foundation people for giving me the opportunity to visit a place like ‘Japan’ and especially ‘Urakawa’. It was in itself a memorable experience, that I will cherish all my life. The city ‘Urakawa’ was very impressive. The environment, the peace, the small houses and the lovely people were all very amazing. Especially the experiences we had at different places like Meeting Ainu People, visiting the Institute for the elderly and the people with physical difficulties, Horse riding experience, visiting different parts of Bethel House and the Bethel House Café, etc. It was all heart touching and memorable. But if I have to choose one of the most impressive places, it has to be the Bethel House **Café – Bura Bura** place.

The most impressive scene/ event/program in Urakawa:

Café Bura Bura

The café Bura Bura was one of the place we went to and it was beautiful. Everything from the environment, light arrangement, designing, coffee/tea, desserts, products on sale, etc. was just perfect. It was a soothing and relaxing experience of sitting, listening and being there. Even if you just sit and do/ speak nothing, the place will give you an amazing feeling. I have been to lots of café earlier, but this one was special. The environment was very calming. It gives me the urge to go there again and again. The first thing that I noticed when I entered the café was the smiling faces of the people working there, their true smiles gave me a reason to smile and feel positive. The architecture and designing was just amazing to see. The walls, sitting arrangements and the display tables (for the things to be sold) was all made up of the natural substances like the straws and the earthen plasters. It was made some years ago with the help of architectures, children, social workers and people with disabilities. It was an exciting and learning experience watching the video of “How the café is made”. Every part of the café reflects the peace that people who are working there feels and the positivity with which they are fighting with their difficulties and working. I like the way, the corners were divided like for example, there was a corner for sitting and viewing outside, a corner to display the items made by the people with disabilities and other products (for sale), etc. I remember the day/ scene when some 35 of us (including the participants of Jenesys Social Welfare Group, people

from the Bethel House and the staff of Café Bura Bura) were there and the Café was all occupied by us. We all were busy chatting with each other, having our cup of coffee/ tea and looking for the products (on sale).

And then, some of us requested the guy ‘The singer’ (I am sorry I forgot his name) to sing a song for us. And he did, without any hesitation! And what a song it was!!!!!!! I remember how suddenly we all started dancing on the song in a circle. It was an amazing image/ scene. It was such a memorable moment. I loved it because it was actually INCLUSIVE. We all were enjoying to our fullest, without really bothering about who we are, how we are different. We were all ONE that day, One big group of people who believe in almost the same theory in life, different but common in thoughts. All ‘believers’ of inclusion-believing in togetherness of the society. Café Bura Bura was one of the most positive places I ever went to. It gives a soothing feeling. It calls you back...!! I would really want to get back there someday in my life. It was an amazing experience, a non forgettable experience which not only gave some of the most special thoughts professionally but also personally gave me positivity.

By the above mentioned scene in the Café Bura Bura in Urakawa, what more best can be thought about rather than a similar kind of Café in India.

Future plan/ activity based on the experienced in Urakawa:

Similar Setup In India

What more best than an idea of a Café could be thought about!!!! Although we have lots of similar setup in India, but most of them are in the semi-urban cities but I want to see such a setup in a fully urbanized city, like New Delhi (The Capital of India). Also to mention, we also have a café in the place where I work (Tamana Special School) but as it is mainly available to the people who are working and learning in Tamana, I would really want to see such a setup in an Inclusive Place, like in the market, where it is available to all the people of the society. It is a new and refreshing Idea. It somewhere links up with the youth of the country. It will give us an opportunity to make people (and especially the youth) understand about the difficulties that a person with disability face in daily life and also how the person with disabilities are fighting against all odds, also that they can work and earn if provided with the accessible environment. Café is a place where lots of youth comes on daily basis, to relax, chat for a while, etc. And the more they will come to such a place, where people with disabilities are working, the more they will get knowledge about the disabilities and how the people with disability can work in different areas, if provided with proper trainings and accessible environment. It will be an opportunity to promote the ‘Inclusive Environment’.

Not only this, but we can then also add on lots of activities and things to the café for example, we can display the work/ things made by the person with disabilities working in the organization (Especially the ones for whom it will be difficult to come and sale their products be themselves), so that the public can avail the products made by them (if interested). We can do ‘drama’ to create awareness, we can also have a process of ‘Live Wire’...a live video to

show “how people make work easy”. And then we can also think about making things sold at the doorstep ‘The delivery process’, where one can take orders, one can pack and one can go and deliver. But a proper training for all the above processes is required and thus it will take time to actually come in working.

But I believe when you want to do something with your true heart, it will happen, how so ever delay it may seems to be. This is a fantastic idea to not only provide the people with disabilities with an interesting environment to work but also it will give the meaning to their lives. It will provide source of income for them. It will give them the bright smile that they are working, a thought for their life that they are earning and also happiness to the parents that their children are working and independent!!!!

At the end I would again like to thank all the people who were involved in the process of making us visit Japan as a part of “JENESYS: East Asia Future Leaders Program- Social Welfare Group 2011”. It has been an amazing and memorable experience. It is been a very good experience looking two different sides of Japan in **Tokyo** and **Urakawa**.

Thank You,
Boski Sharma



Rituparna Sarangi

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The most impressive event/ scene

My fondest memory during the entire training workshop was the humble answer given by Mr. Ikuyoshi Mukaiyachi (Social Worker & the man behind creating Bethel House) when he gave a beautiful explanation to my query on 4th March 2011. With reference to my question regarding his vision for the Bethel House, he stated that, "The working of Bethel House and its programs are still in the stage of Trial & Error. Although we do not have any specific policy dealing with these issues, however we try and put forward our positive ideas to the Japanese Government".

This statement was made by Mr. Mukaiyachi on the final day of our stay in Urakawa. By this time, I could see, feel and admire the fact that not only Mr. Mukaiyachi but each and every member of Bethel House has a vision for their life, their development in the society, their contribution to the society and also their existence as respectful individuals. Over a period of days spending time in knowing and learning about Bethel House, I have developed a strong feeling of respect towards the effective Trial & Error strategies adopted by the Bethel House. It is amazing to learn that this strategy and strong vision of the members of Bethel House has made them capable of creating unbelievable examples of socio- economic rehabilitations for people with mental illness. People with mental illness and victims of severe stigma find it really difficult to interpret the reality which exists outside the self and mind but the trial and error methods have actually brought positive changes in finding out solutions to their individual problems. Bethel House has live example to justify their creation of social enterprise and economic venture in the shape of Cafe Bura Bura. Here they sell packed sea weeds, handicrafts, books on Bethel House and also the stories of their disease and hardship (" and this is how they become star of their own hardship") thereby creating opportunities of employment. These economic ventures have also contributed towards the enhancement of the Urakawa town's economy. This clearly illustrates that given proper opportunities anybody in the society can have a broader potential for creative approaches in an enabling environment. Its amazing to learn that patients in Bethel House feel that they have the privilege of joy to understand each other's hardships.

Sometimes while dealing and addressing social issues we tend to become very mechanical in order to resolve them.

However, after learning about Bethel House, I strongly feel that 'Time' is the major factor contributing towards the evolution of any 'CHANGE'. Sustained social contacts are again other pillars responsible for the success of Bethel House. People with mental illness or victims of severe stigma always find it difficult to interpret the reality. In view of this, we should follow the footsteps of the members of Bethel House where every member has a vision for survival, where reasons behind stigma and discrimination are more important than standardized medical diagnosis. Perhaps this vision of the members of Bethel House has helped me learn how to survive beautifully and enhance our social functioning in the society in spite of being severe victims to hardships.

2) Future plan of activity/project on social welfare

Despite the vast differences in culture, resources, governance, socio economic issues/ concerns and welfare approach between Japan and my country- India, the enormous learning gained by studying the vision of Bethel House can be incorporated and explored as ideas especially with the community I and my organization are working for- i.e.- the community for People affected by Leprosy and their families. I could now see a great similarity between people having mental illness in Japan and people who are affected by leprosy in India. India being home to 65 % of world's leprosy affected population. Stigma against them and their disease in both the cases make them loose productivity, the respect of society, their livelihood, their ability to take care of themselves and to fight for their rights. These effects of stigma eventually lead to social isolation and become stronger with ignorance, lack of knowledge about the facts & myths of the disease/ disability/ illness and socio legal discrimination against the affected people. But it is wonderful to learn, how all the important stakeholders of Bethel House particularly the social workers have been capable in building a prosperous, safe, and inclusive place for the people affected by mental illness. The vision of Bethel House emphasizes on social ties with research being the crucial aspect successfully done by the people who actually have difficulty in interpreting the reality. As the issues troubling India are enormous and we have an inclination towards development approach to work on these issues therefore chalking out a future plan based on social welfare approach is rather difficult at this stage. However, we at SILF- Sasakawa India Leprosy Foundation will thrive to share the success stories of social entrepreneurs of Bethel House & their vision for a better and secured livelihood among the leprosy communities to mobilise and instill in them the enterprising qualities and to have a vision for sustainable future. In addition to this, as the core team at S-ILF is committed for socio-economic development of the affected and cured people (of leprosy) residing in self settled colonies throughout India the idea of Bethel House, i.e. "Patients become star/ experts of their own hardship" can be very well utilized in the leprosy communities working on livelihood projects. We at SILF are trying and working towards enhancing the capabilities/ skills of the people involved in livelihood creation activities supported by SILF. Here we share a common idea/ vision with Bethel House, as this effort of SILF has produced and in future will shape up people in becoming experts of their own livelihood activity and they can train other people in the communities to adopt a secure and sustainable livelihood option.

In a shared enterprise, people from the same background (victims of stigma for any reason) discover each other, their hardships, their capacities and their interests by working together. As there is growing demand in skills

and qualifications in all sectors of employment, such kind of capacity building strategies will definitely lead to empowerment of marginalized communities.

Bethel House has a very optimistic outlook which in itself is a big learning. Its approach of explicitly linking stigma with financial development has brought positive changes not only in the economy aspect but also in the attitudes of the people and their behavior towards the people who were discriminated because of being affected by mental illness. This is a big learning on 'Mainstreaming' and how strong efforts of trial & error with again a strong vision lead towards social inclusion, strengthening recognition and rights of the marginalized section.

Being a social worker, I thoroughly appreciate such beautiful approach and the strong vision aiming for empowerment. It's a learning for each and every individual of how despite going through so much of trouble and illness, the people in bethel house lead a rich and independent life.

I have come back home a better human being..

Thank You !



Eliza Duggan

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1. The most impressive scene/event/program in Urukawa

As a social policy maker, I was most impressed with the community of Urukawa itself, and the focus and devotion this small community had on improving the social welfare of its' citizens. This was extremely evident given the background briefings and lectures provided to Jenesys participants detailing Japan's history of social welfare, and the lack of funding and attention provided to social services in Japan over the last few decades. To an outsider like myself, it appears that Urukawa is leading Japan in developing and implementing new approaches to social welfare. It also appears that Urukawa did not need to wait for Japanese society to change in order to implement their social programs, and that innovative services have been in place for years and even decades before they have been implemented in mainstream society.

I was also impressed by the sense of community and belonging that people within Urukawa expressed, and wonder whether this is a result of the community's willingness to invest in social welfare, or whether their willingness to invest is a result of the sense of community. People who may have otherwise been isolated, or shunned by others in the community are welcomed, and admired for the differences. Embracing differences and challenges is a difficult thing for any community, no matter where in the world it is located, and I admire Urukawa town for its leadership in addressing tough social issues.

Within this strong and resourceful community, there were a number of elements that particularly impressed me.

Firstly, I admired the normalization of disabilities that appears to have occurred in Urukawa, and the openness of the community members in discussing difficult issues such as mental health. The ongoing communication and honesty around disability seems to have had a strong impact on the level of acceptance, including self-acceptance, of people with a disability. People who identify as having a disability in Urukawa wear their difference as a badge of pride, rather than something to be ashamed of. While I am impressed with the level of community acceptance of disability in Urukawa, I think there is still work for Japan and for Urukawa to do in terms of community integration, particularly in integrating people into communities outside Urukawa, and ensuring that connections

with family members are maintained.

Secondly, I was impressed by the value placed on citizen's economic contributions to the community, regardless of their disability. I believe that the importance of individuals being able to contribute to the economic status of society should not be underestimated. Economic and social participation can not only increase an individual's skills, but also increase their self-esteem and feelings of self-worth. This was particularly evidence for community members working in Bethel House in both Cafe Bura Bura, and in the Konbu trade, where their skills are enabling the Urukawa and Japanese economy to meet the demand for Konbu. Within Koyoen, the Centre for People with an Intellectual Disability, the individual's skills and abilities were matched with workshops, such as woodwork, craft, or food processing. Everyone who is able to contribute economically, is enabled to do so.

It is important to acknowledge that my analysis of the experience in Urukawa has been strongly influenced by the observations of, and discussions with the other Jenesys participants. It was particularly refreshing to talk to people from different countries, working in similar fields, but with vastly different lives and challenges – to know we all shared the same values and often came up with the same conclusions and solutions to problems.

2. Future plan/activity based on the experience in Urukawa

There are a number of ways I plan to use my experience in Urukawa, as well as my time participating in the Jenesys program, within my roles in the Australian Government.

As a policy developer within Government, much of my current role involves looking at social welfare from a macro perspective, and examining how we can develop and implement national policies that improve the lives Australians, particularly those who are vulnerable and disadvantaged. Therefore, I am examining my experience in Urukawa from a high level, analyzing which elements and ideas may feed in and inform our practice in Australia.

In terms of the transferability of policy, there are some social policies in Japan that are more comparable to Australia than others. For example, Australia is experiencing similar issues with our ageing population, and how to ensure that our Government has sufficient resources to support our citizens as they age. Like Japan, Australia has an ageing population, and presently not enough resources (eg age care facilities) that can support the number of people who will one day need it.

Therefore, like Japan, it is important that Australia devotes resources to examining the capacity of governments to plan for the ageing population, and to build a system that ensures the elderly will always be supported and not fall through the cracks. It is also useful to exploring a system like Japan's, in terms of using a social insurance scheme. Given the ups and downs of the global economy, we can never be sure that governments will have enough revenue to ensure our ageing population is supported, particularly if there are less people in the workforce and less revenue from taxes. Therefore, Australia needs to explore schemes like Japan, and the potential for application in

an Australian context.

In examining the experience of citizens in Urukawa, I noted for many residents of Bethel House, Koyoen, and Warishibe, they have very limited contact with their families, largely due to families living large distances away. As I currently work in the family policy space, it is also important for me to examine how services for people with disability can best support the families of people with a disability, whether it be through respite services, or ensuring that people are placed in services that are close to their family, or that families are provided with the resources to visit their loved ones. Although many of the residents of Bethel House expressed that they felt that Bethel and the other residents of Bethel were their family, I believe we need to continue to value the impact that maintaining family ties may have on a person with a disability.

Building on this, I believe that work needs to be done in all of our countries around replicating environments like Urukawa, where people with disability are made to feel like valued members of society. Australia has come some way in this over the past two decades. However, there is still work to go in ensuring that people with disability are integrated into all communities, not segregated or encouraged to all live in the same community. Policies should support businesses in all communities hiring people with a disability, ensuring that they have the same opportunities to participate and develop valuable skills. While I believe Urukawa is a truly accepting community, it should not be the exception in Japan or any of our countries. It should be no different from any other town. For my, in my capacity as a policy maker, this means developing programs and services that are not isolated to one community or location, but ensuring there is sufficient coverage everywhere. This is essential if people with a disability are going to be valued and not discriminated against in all corners of the globe.

Although this report is about my experience in Urukawa, I believe I can't discount the impact the other Jenesys participants had on my experience, and how I feel I have benefited from the knowledge they have given me of their own country's experience in social welfare. I plan to utilize the networks I have developed from the Jenesys program, in developing social policies for the Australian Government. My role in social policy development means that I am always looking to the experiences of other countries to see if there is anything that might work in an Australian context. The best thing I gained from this trip is knowing that there I will always have a network of experts in the social welfare field from thirteen countries, with whom I can compare experiences and lessons with, no matter the differences in our cultures, and in our country's needs.



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(1) the scene/event/program you were most impressed by **(2) your future plan of activity/project on social welfare**

The JENESYS program was an extraordinary opportunity to gain an insight into the field of social welfare in contemporary Japan. The success of the program was strengthened by the growing friendship between the 26 participants, staff of Japan Foundation and additional program networks. The highlights were numerous; a visit to the Ministry of Foreign Affairs in Tokyo, sampling the exquisite traditional Ainu cuisine to witnessing the early morning tuna auction at Tsukiji Fish Market.

After seeing my first ever glimpse of snow in the beautiful north Island of Hokkaido, the JENESYS group were warmly welcomed by the coastal community of Urakawa, a small town with a population of 16,000 people. Attracting over 2,000 visitors a year, Urakawa is renowned as a community where people can openly disclose their disability status in an atmosphere of acceptance and support. It is also a hub of research and training. Bethel House is uniquely placed to alter perceptions towards conventional approaches to mental health treatment across wider Japan. Through 'patient led therapy', a holistic mind-body focus is applied to the psychosocial rehabilitation of those with mental health issues. Members are also dedicated to sharing their research with outside communities. Overseas visitors are invited to witness its ethos towards social change and learn from their methods. In turn, members of Bethel House have become leaders and advocates in society. The motto 'on your own, together' exemplifies the striving goal of mastery over individual actions while being mindful of ones impact on the collective group.

Social inclusion and connectivity are the cornerstones of community cohesion.

Bethel House has been influential on shaping positive attitudes not only on the local community, but also impacting wider networks around the world. Through widening public understanding, one of the key outcomes is reduced stigmatization and discrimination. Bethel House creates a strong network of peer support through self-diagnosis, equipping members with the tools for independence, increased social skills and friendship. As there is no one key leader, it is a network is free of hierarchy, with social workers taking on an intermediary communication role rather than acting as guardians. As the JENESYS group interacted with Bethel House members and Social Worker Professor Yoshiyuki Mukaiyachi, we were able to ask direct questions with openness and shared humour. Many

members spoke of feeling disenfranchised and alienated in metropolitan cities, and their reluctance to disclose their hardships to peers, colleagues and families. Although the population in Urakawa is significantly smaller, the sense of cooperation, reciprocity and kinship is palpable. Urakawa's social welfare activities have generated population growth and migration.

Bethel House is also effective as a consumer run enterprise. Ownership resides with the members themselves to generate its success. Through the production of Hidaka Konbu, Bethel House creates a thriving, sustainable business that augments Urawaka's economy, a feat in any regional community facing low population. While profit is not a primary focus, the generation of viable income increases self-esteem and a sense of productivity in society. Pressure is released, as emphasized by the belief 'from a life of climbing, to a life of descending'. Japan has a significant ageing population. Bethel House makes products for nursing home, and in making deliveries of its products in person, increases the interaction of its members with the elderly community. Bethel House is also mindful of its impact on the local environment by contributing to innovative waste disposal practices. Cafe Bura Bura is also a place where the community can gather in an atmosphere of warmth and respite. In an outpatient facility, a member spoke of the impact of having a quality diet on the improvement on his health, another vital factor for sustained wellbeing.

Witnessing patients re-enact the auditory and visual delusions contest was fascinating. Through role-play, sharing stories and experiences is a catalyst for creativity. It is a people-centered approach, where individuality is feted in an atmosphere free of judgment. In using creative approaches to psychosocial rehabilitation and community development, patients are able to articulate their experiences in a way that is accessible to diverse audiences. As eloquent speakers of their own journey, members turn weakness into strength, adopting principles that have universal application for all; the sharing of wisdom, developing empathy, self-reliance and independence.

Also impressive was a visit to the Warashibe Riding Therapy Training Centre. The centre provides rehabilitation service to persons with physical disabilities through horse riding therapy. The therapists gave us a demonstration of their techniques with a rider, and it was thrilling to experience this ourselves the following day. The benefits are clear. By heightening patients sensory awareness, improved posture and balance also result. Horses are highly attuned with sensitivity to their riders emotions, offering therapeutic benefits to those with and without disabilities. Following much stimulating discussion, JENESYS participants were able to reflect on the activities of Bethel House framed in the context of their own countries approaches through final presentation in Tokyo.

I believe equal access to the media is vital aspect of generating social inclusion and participation in the community. As part of a Churchill Fellowship Award, I researched media access for audiences with a disability internationally in 2009/10. I am working in conjunction with a team of volunteers towards a second season of a grassroots film Sydney based festival called 'Read My Shorts'. The festival is unique as there is a gap in the market for captioned films for those with hearing loss. 'Read My Shorts' is specifically geared towards short filmmakers in bridging awareness towards captioning features and creating excitement among filmmakers in having their work reaching the widest possible audiences.

In partnership with Iris Pictures, an award winning factual documentary production company, I am developing a film project called ‘Speak Out Loud’. The project is a unique online resource and meeting place for young people who live in remote and rural areas in Australia, have a degree of hearing loss and use speech as their primary mode of communication. Projected outcomes are improved self-esteem, reduced isolation and while giving voice to adolescents and young people with hearing impairment who are invisible and marginalized in the media. There is a significant gap in representation of those with sensory disabilities in the media, a lack of stories told in their own words. One in six Australians is affected by hearing loss, estimated to increase to 1 in every 4 Australians by 2050. As noise-induced hearing loss among youth becomes a growing critical issue, the need to improve community perception of assistive technologies will grow. ‘Speak Out Loud’ is aimed at diminishing many of the misconceptions that exist in the wider public about hearing loss.

Participating in the JENESYS Social Welfare program has been rewarding, educational and inspiring. I thank the Japanese Government for the opportunity of this experience.

Pre report - Australia

Social inclusion is strongly connected to the health and well being of Australians. Support for the artistic aspirations of people with a disability has a positive impact on the community, fostering self-empowerment, and creativity. Arts participation has a role in building resilience, increased mental and physical health in the community.

One in five people in Australia who have some form of disability may encounter barriers which prevent them from accessing cultural experiences and engaging in artistic expression.

Audiences with a disability may find it challenging to acquire information about arts and cultural events in a range of accessible formats or be limited by a lack of wheelchair access. People with disabilities may experience financial constraints due to additional equipment and support worker costs limiting access to training, studio spaces, funding and professional opportunities to assist their art practice.

Older Australians also have significantly lower levels of cultural participation than the overall population. Evidence exists that involving older Australians in creative activities has an impact on improving social, mental and physical health by maintaining good health, reducing the onset of disease and risk factors that drive the need for long-term care. For people with a disability who have high support needs, art therapy often offers one of the few creative outlets available aiding providing vital opportunities for rehabilitation.

These issues highlight the need for direct consultation of people with a disability in the development of arts practice and policy and the importance of enhancing creative pathways with a view to increased employment and education.



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The most impressive scene / event / programme in Urakawa

Having spent a short amount of time in Urakawa (1st - 4th March 2011) I was able to glean a unique insight into the important relationship between Bethel House as a philosophy and Urakawa as an identity rather than a location.

The town of Urakawa is situated on the south east coast of the island of Hokkaido and has a population of between 12,000 – 14,000 people. In 1978 a small group of people who had been discharged from the Urakawa Red Cross hospital and had lived experience of mental illness, moved in together to an old abandoned church house. This collusion was far more than ‘survivors’ simply sharing the same space to live, sleep and eat but the foundations of the Bethel House values and beliefs system which still can still be seen today more than 30 years on.

At the centre of The Bethel House philosophy is the belief that everyone has issues or problems in life hence the use of the phrase “Problems are the norm”. This thinking means that the mind set to share and support others with any difficulties is a part of daily life with all people of Urakawa being equal. In the early 80’s the town of Urakawa was at a vast contrast from larger cities in Japan such as Kyoto or Tokyo. While larger cities were succeeding in business, attracting and growing in population smaller towns such as Urakawa were facing tough economic times and decreasing population numbers. With these two major aspects in mind the first few members of Bethel House decided to take some steps to action to contribute to the sustainability of Urakawa town and share experiences of their illness with a hope that the society they were part of would become a better place.

The main question that Bethel House constantly looks to answer is ‘What can we do for the town?’

For me this is the most impressive aspect of Urakawa in that through concentrating on progressing the towns wellbeing peoples personal journeys are shared to create greater understand and connectedness.

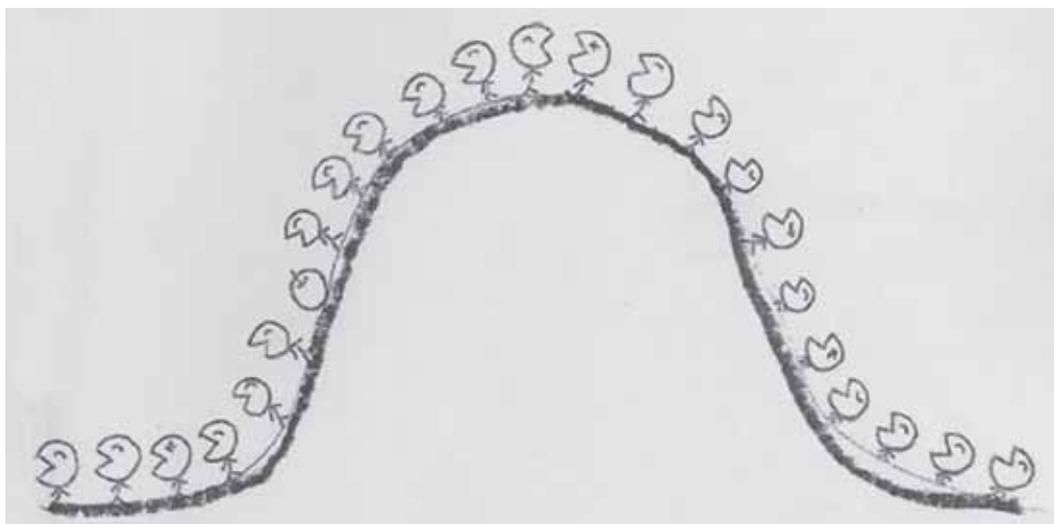
Bethel House members reach out to the community of Urakawa and wider in a range of unique and forward thinking approaches. One of these is the involvement within the Kombu industry which generates financial streams of income and enables people to work in an understanding nurturing environment. As this sector involvement has

been a commercial success since 1983 more business models / projects have been able to occur in the same mould some of these are the Bethel Welfare Shop, Cafe Bura Bura etc.

To complement the business success of Bethel House a vast array of progressive services, programmes and meetings have been designed to again enrich the lives of people living in Urakawa.

Of these meetings the one I thought was most impressive and witnessed during my visit was the Social Skill Training (SST) which occurs four times per week. The SST meeting allows members to raise any difficulties they are currently experiencing in life with peers using role play and then receive positive feedback or advice with suggestions to improve future communications. The role play then takes place again with the suggestions made by peers being incorporated to promote better communication and confidence. Bethel House not only uses the SST approach with its members but also extends the practice to its daily business activities also. Using SST means that people can share important issues within a safe and friendly none judgemental environment. Unlike most conventional cognitive behavioural therapies SST is not supported with a manual. This major difference means that participant's attitude is the creative driving force, energy and framework that enables the sessions to be meaningful.

While spending sometime in Urakawa and with Bethel House participants a phrase or term was used that I was unfamiliar with, this was a 'descending lifestyle'.



As the above diagram shows many people in modern day society are concentrating on creating an 'ascending lifestyle' becoming more and more busy as they fill their lives. This approach to human existence is again the direct opposite to the thinking of many Bethel House members whom see freeing and unburdening their lives as an important path to live an 'ascending' life.

In conclusion drawing from my experiences and leanings from my time in Urakawa, it is clear to me that the last

33 years have not been spent ‘curing’ any aspects of mental illness. Rather through the work of Bethel House the gradual change of a town’s population to accommodate and understand better the needs of all has resulted in Urakawa being the identity it is today. The uniqueness of the relationship between Bethel House and Urakawa has come around because of the drivers of modern society, so in theory if the whole Japanese culture were different then such relationships would be more commonly seen.

Future plan / activity based on experience in Urakawa

During the mid 80’s the mental healthcare system in New Zealand shifted dramatically from institutions to what is now known as treatment in the community, this was termed as ‘deinstitutionalisation’. All mental health hospitals around the country were shut down which meant that everyone not experiencing acute mental health issues were based within a community being supported by skilled community mental health professionals. As this model has been in effect for around 30 years a higher level of tolerance, understanding and education around most aspects of mental health are present in the general population.

This cultural difference in society between the Japanese and New Zealand healthcare systems mean that many of the Bethel House initiatives are not transferable however the following activities in my opinion can be implemented to some use.

‘Name your own illness’ and Social Skills Training could well be used by many services in New Zealand such as Pathways Trust (Mental Health support organisation) SF Waikato (organisation to support families of people experiencing mental health issues) or Workwise Employment Agency (business to seek employment for people with lived experience of mental illness)

The ‘Name your own illness’ approach is a great philosophy that means people can talk around what their own personal experience of a diagnosed illness is and therefore, identify what their own wellness journey feels like. Organisations can encourage service users to take ownership and personalise issues to promote a sense of knowing a person rather than categorising people by a medical diagnosis. The strength based model ensures that although issues and barriers maybe identified at some point these are not concentrated on rather the unique talents / skills on an individual are instead.

Social Skills Training is probably the most adaptable activity as it can be applied to a wide range of possible situations to address. New Zealand mental health services could use the technique in many different ways as the role playing aspect can be applied to a vast amount of social circumstances.

The proposed result of beginning to use both ‘Name your own illness’ and the Social Skills Training is that a greater understanding of people’s needs who experience mental illness will occur with a higher level of insight into one’s own wellness journey. Neither activity is expensive to implement or difficult to roll out by a specific service and should yield the desired outcome for both user and provider.



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1. The most impressive scene/event/program in Urakawa--Cafe Bura Bura

When I was in Urakawa, I visited Cafe Bura Bura every day, sometimes even couple times a day. Through this visit, I observed that Cafe Bura Bura is a good model showcasing the ability of people with mental disabilities, with Bethel House as the leader of Japanese social enterprises. Together they are the go-to places in Japan and the world for the discussion on the work for people with mental disabilities.

In the Cafe, I met the young man from Patient-led Research workshop and the young woman who packaged Konbu with us an hour earlier. Here they wore their waiter uniforms, greeting and taking drink orders from us in English. During the workshop, they told they disclosed their weaknesses and after that I cannot forget their stories that were ludicrous at times, tragic and inexplicable to a person who is not a part of their community. At the same time, I observed that they were serving us with professional quality and I saw their slightly dry but very honest smiles there. When I saw how they worked, I could tell that the method that Bethel House employs is very effective and I understood what Mr. Mukaiyachi was talking about in his books and seminars by seeing how it is working in real time. In Cafe Bura Bura, I saw business persons, young couples and the elderly conducting their ordinary affairs here, and the waiters are just ordinary waiters. I can tell that Cafe Bura Bura is just an ordinary part of Urakawa!

There was nothing special with the coffee at Cafe Bura Bura, but one can get something more than that there: for example, Konbu, a good quality produce made by persons with mental disability but not sold because of them, and the beautiful, creative Bethel T-shirts, pullovers and other handicrafts made by the trainees there. To me, the most attractive products were the books published by Bethel House. Since I can read Kanji and some very simple Japanese, the ability to buy the books made me the envy of the group. When I saw that the price of a T-shirt was higher than the book, I happily went with the book.

Mr. Mukaiyachi was always sitting at the corner, like the chief doctor at a Chinese medicine clinic. He was always humble, wearing that causal outfit and surrounded by colleagues from around the world. Patient-led Research is not some gimmick to please persons with mental disabilities; rather it is a complete cycle of research

to implementation and back to research. This information can be found on Cafe's bookshelves and in the videos at the national conference. I can find the best of Mr. Mukaiyachi's works, others' research on Bethel House, non-medicine related research on mental disabilities in here. I introduced myself to Mr. Mukaiyachi after reading for a while. We did not talk too much, since I know too little in this field. I have great admiration for Mr. Mukaiyachi, and I hope I can learn more from him when I try to introduce the Bethel House method to China.

2. Future plan/activity based on the experienced in Urakawa

- a. I have reported the Japan experience at EDSI on March 14th; Made a PPT presentation on Patient-led Research to NGOs in the field of disability in Beijing on April 20th.
- b. Designing the follow up seminar in China; planning to a half-day discussion on "Research on rehabilitation methods with persons with mental disability" in the seminar.
- c. Making a 3-part 30-minutes-each video on Patient-led research and WHO community rehabilitation guidelines before July; this will be sent to 20 NGOs in the field on mental and intellectual disability and uploaded on internet.



Unkyung Lee

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1. The most impressive scene/event/program in Urakawa

The East Asia Future Leaders Program under the theme of “Social Welfare- Self-Reliance of the Socially Vulnerable and Symbiosis with the Globalized Community” is one of the most valuable experiences I have ever had concerning the welfare issue. Twenty-six participants from fourteen countries in Asia shared and discussed the current situation in social welfare. The program provided the participants with informative lectures on social welfare policies in Japan as well as a forum to share progress reports and implementation situations. It also introduced innovative practices of social welfare in Japan through interesting field visits to social welfare sites in Urakawa town in Hokkaido and offered a deeper understanding of social welfare practices through workshops. This program led to mutual understanding of differences and similarities among participated countries and encouraged the participants to develop ideas on how to implement good practices in each country. In particular, Hokkaido, as a region specialized in social welfare, has well-equipped and systematic social welfare facilities, which are further specified into facilities for those with intellectual disability, mental disability or physical disability respectively; facilities for the elder; hospitals; rehabilitation centers and so on. In order to maximize benefits to beneficiaries, those facilities have different equipments, specialized programs and policy implementation which are most relevant and effective to each institute. Active and considerable support from Japanese government, especially in finance, made possible those good and innovative practices in Japan.

Bethel’s House, the main institute for study visit, is a facility for the mentally disabled. The activities of the Bethel’s House gave me the strongest impression during this study visit. In Bethel’s House, persons with mental disability live in groups classified by different levels of disability. Each group gets suitable treatment and resides in proper housing according to the level of disability. We often think that persons with mental disability are most likely to be isolated from the society, have no job and regularly take medicine for their mental disability. However, in Bethel’s House, persons with low level of schizophrenia live and work in a village like persons with non-disability. They keep interactions with persons with non-disability while working and living. Moreover, they do not take medication. Instead, they develop ‘Patients-led Research’ as a treatment method’ and conduct self-diagnosis or self-research with help from their peers through regular and frequent meetings. With their research results, they share ideas on how to overcome hardships and obstacles and how to create positive outcomes. They

have proven the effectiveness of this method through their successful community living and their cooperation with others, whether they be persons with non-disability or those with disability. Even more impressive was that they actually make contributions to the profit-making through occupational activities.

2. Future plan/activity based on the experience in Urakawa

As a person involved in the center of Education for International Understanding (EIU), I would like to focus on education about and for human rights of persons with disability for my follow-up activity plan. EIU empowers people to be global citizens with knowledge, skills, and attitudes necessary for living together with the promotion of cultural diversity, peace, human rights, and sustainable development, and equitable globalization - that is, living together through and for a Culture of Peace.

Human rights is one of the main issue areas of EIU, and the issue of human rights of persons with disability has been covered in EIU workshops and educational materials, developed and organized by APCEIU, which are targeted to educators and educational policy makers in the Asia-Pacific region. In particular, human rights of persons with disability has been covered mainly with reference to right-based inclusive education under the broader theme of Education For All (EFA) and education for/through diversity in view of EIU towards a Culture of Peace.

My own follow-up activities may take two approaches. Firstly, in current programs organized by APCEIU, the contents and issues concerning human rights of persons with disability can be strengthened and articulated more explicitly. For instance, the importance of human right of, and anti-discrimination against persons with disability, can be highlighted both as a specific topic area to further explore and as key examples of human-rights education. APCEIU's training workshops and educational materials may address specific educational agendas, curricular issues and pedagogies concerning human rights education with a focus on persons with disability and link them more tightly to the general framework EIU.

Secondly, ways to re-organize EIU programs and materials so as to reach out to persons with disability can be sought out. It is true that thus far, EIU has been dealing with issues concerning persons with disability only in terms of the philosophical frameworks and contents of EIU in that the issues are linked to human rights issues and issues of inclusive education. However, it has not been actively sought out to make EIU capacity-building programs and educational materials available and easily accessible for persons with disability. As education to foster global citizenship and leadership is a key element of education today, EIU should be also readily available to persons with disability. For instance, already developed EIU books on cultural diversity and intercultural dialogue can be revised with the inclusion of more specific issues and examples relevant to persons with disability and then developed into various forms of multi-media resources with devices for persons with disability (e.g. audio materials for blind people, visual materials without sound for people with hearing impairment, etc.) In developing such materials, patient-led research employed by the Bethel's House can be actively integrated both into the process of the material development and into the EIU curriculum itself as one of the key EIU pedagogies.

With these overall directions in mind, I plan to start my follow-up activities first by sharing these visions with the staffs of our program division, while organizing an in-house seminar group to further explore the issues of

persons with disability. I expect that the integration of the issues into our organization's programs will be rather a slow process as securing budgets for extra programs will be difficult. Yet, I can bring up the issues to in-house discussions frequently so that the ideas can be instilled into our programs in various forms.



Wataru Fujiwara

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1. The Most impressive scene/event/program in Urakawa

Even in limited schedule of this JENESYS programme in Urakawa town, Hokkaido, this programme gave me lots of new ideas and many of impressive events.

Although the encountering of Ainu Culture which based on the long time history and the mutual artistic or daily living of lives, was surely one of the most impressive events, to think about my first interest that is to think about well being in Japan and the purpose of this programme, the exchanging with Bethel's house users was also impressive event or encountering for me.

SSC = Weakness Disclosure Opportunity

Especially, observing the member self study session(SSC), where the committed members disclose their weakness or the situation of mental disorders to the others that is like Bethel's house users or People in Urakawa town vividly, gave me the hints that the way of living with dignity for person whatever who has mental disorder or not. To be known the one's weakness precisely to the others seemed to urge the conscious of revolving the community. In other word, to be known the weakness turned out generating the reliability among the community.

Comparison

Although I have little experience of exchanging mental disability, the Bethel's House or Urakawa town's activity seemed successful way of well being for social vulnerable, not only for the Urakawa town but also every other place.

My conscious toward social vulnerable, they are in hard circumstance within their living communities because of being isolated from the other people. Therefore they are difficult to spend life whit happily; No friends, hard to find jobs or make livings themselves or fear for future lives.

I guess the root cause of this situation, "hard to well being in the community", is misunderstanding or ignorant about mental disorder.

Compare with the general situation of the other place in Japan, I felt that the person who presented in SSC seemed that they were in progress of self establish in the society.

Through the present the situation of each person's mental disorder in gliding expression, it seemed, for the person,

they could accept that being suffering the mental disorder become one unique character for them not the illness and for the others, especially non-patients, they also accept the person who has mental disorder as one person who has unique characteristic over the illness.

I guess this exchanging cognition makes the new interaction among people. In other words, they understand each other

Applied

I am sure that the success of this positive interaction based on the Urakawa-town's rich environment; the vast land and low population enable to avoid the stress our or create the role in the community, rich natural resources create the jobs for them, and many of people who co-operate with the Bethel's house activities.

Even though the outside resources like the natural resources or cultural background support the success of Bethel's house, the methods SSC its own have strong effect to building the mutual understanding with social vulnerable and the other. Therefore I think that the way SSC is the methodology what can be applied into the other places.

Conclusion

During the JENESYS programme I could touch the splendid activities for building well being community in Urakawa, Hokkaido.

Particularly, the activity which enable to the mental disordered make self esteem and well being in the community called SSC which operated in Bethel's house is the most impressed for me.

Even though this activity works under the rich environment in Urakawa town now, I think that it can be applied into every place to re-engineering the situation of social vulnerable.

2. Future Plan /Activity based on the experienced in Urakawa

Present situation of me

Now I am engaging the community development works in local area in Japan where the social resources scattering due to the accelerated "aged society and declining the birth rates" and economical depression.

To put it concrete, I try to provide new social services for the community including social vulnerable like aged, several handicapped or stressed out worker living in the community.

Learned from Urakawa Experiences

Through this programme, I learned that to stimulate the understanding each person among the community is quite useful for community development where I engage. Especially, for the social vulnerable, the exchanging or presenting their existence to the society is meaningful way of building social inclusive community.

Therefore I want to continue creating the initiatives to urge each person.

As I mentioned that SSC what is one way of exchanging their existence to the community member is very useful, and it is also useful that to support their business (In Bethel's house they are selling sea weed or the other products) beside the SSC to urge the exchanging of mutual understanding.

It is hard to explain, but I would like to say that if the way of SSC is kind of direct way of mutual understanding to

the non-social vulnerable, the business is in-direct way of mutual understanding.

My Community detail and Background

As the characteristics of my community, it is hard to set stable community due to the influx and efflux of people nature of bed side town for big city.

Under these characteristics, it tends to being neglected the situation of social vulnerable.

Though the assisting the social vulnerable is controversy topic I think, but to think about current situation in Japan, such as high rate of aged and low birth rate, great number of suicide and increasing of low-income person due to the economic depression, I strongly think that many of Japanese are in danger of becoming social vulnerable sooner or later.

Future Plan

Therefore, as one kind of safety net, I want to prepare two types of services; one is set up the opportunity to personal mutual understanding event as a kind of SSC diverse, and another is business assistance services, especially focus on the sells person branding.

As the development of understanding social vulnerable in Japan, we can access the proper knowledge about social vulnerable. And due to the changing of social recognition toward social vulnerable, it seems that many of people tend to welcome them.

But compare with the Urakawa situation, general situation in Japan, the social vulnerable is still weak existence within the community.

To think about the difference, in my understanding, in Urakawa, every activity focuses on each person. SSC is person-based activity, and each episode about sells things also based on the personal.

Therefore, to promote the mutual understanding with social vulnerable and the other in my community, I want to start personal based services as Bethel's house does.

About personal mutual understanding event, I can start from right after being adjusting the several institutions for social vulnerable in my community.

Also about business assistance services, I want to start with the vegetable sells person who has mental disorder with his supporter.

Define the Success

Reflecting my learning from Bethel's house, it is very hard to define that what will be the successful situation or how long will it take to end.

Now I think that to continue working this trial will turn to be success as Bethel's house have done for over 30 years.

Conclusion

Finally, I would like to extend my heartfelt thanks to The Japan Foundation for giving me the great opportunity of this JENESYS program and all of my JENESYS friends for sharing precious experience in these 12 days.



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1. The most impressive scene/event/program in Urakawa

The time I spent in Urakawa during the JENESYS program provided me with a lot of opportunities to meet with “minority” people. It also gave me an opportunity to think about how to build a strong society. It was a precious and important time for me to reflect and objectively learn, therefore, I consider this program to be the most valuable experience in terms of I have had during my academic life. I can say that the most impressive program was each meeting and time I had there.

During this JENESYS program, I met a lot of people and listened to their experiences, their difficulties and suffering. Although I tried to share their feelings and be with them, I felt as if I was drowning in a sea of my own limitations. I felt a deep sense of disappointment within, because I couldn’t do anything, although I so much wanted to take some responsibility.

While listening to Ainu people’s tragedy, I felt a sense of uncertainty of my roots. From my interactions with the members, I came to realize that I don’t know exactly who I am, where I come from, or whether I am Japanese or not. I have spent my life as a Japanese, though, I thought I could be from Ainu or from another ethnic background. At that time, I was very aware of the concept of “assimilation” within Japanese society.

What is “standardization”? This question needs to be rethought. People often say, “We are one.” In other words, we live together as "one" with each other on the Earth. In reality though, we all inherit a sense of individuality; there are different and diverse species that possess particular characteristics and traits, both in the human world and the natural world where flora and fauna live. That’s why we need common languages or rules in order to communicate and live with each other. However, we should not force others to assimilate, but instead, use their own languages and set of rules and customs. Nevertheless, we have done that in our history. The majority has had authority and power, and has controlled and managed the world in a way of creating one standard. It seems that modern “mono-cultural” society has been built through this process. It looks very strong, but it is fragile and it is not resilient against the differences which exist. Not only Japan, but also other countries are experiencing such a situation. We are facing this problem due to the restraints and marginalization we place on minority and ethnic populations.

Through education, we should have told young generations their stories as truth. However “truth” has been

created by majority people and we have never delivered the truth to them. We have to recreate the truth, communicating with each other between majority and minority populations. We also have to recognize that the minority can teach us many things, based on their suffering. It is hard for us to accept their stories, however we must listen to them. We can find another way to live together through their voices and we can create an alternative way to live together.

As an innovative example, Bethel House was created in Urakawa, Hokkaido in the 1980s' so that the mentally challenged could live their own lives with their difficulties. It has established an innovative and alternative way of living together. The people living there share their stories and their approaches to their suffering. In the past, their pain and suffering was controlled and managed through medicine prescribed by their doctors, otherwise they could not live. But because of the support and communal life in Bethel House, the members can take back their suffering have become able to face their difficulties and have begun to acquire control of themselves. They cannot recover from disorders and diseases, nevertheless, they can live their lives and communicate with others now at Bethel House. It is possible for them to connect with others and local communities through their common weaknesses. People in Bethel House told us that we should share our own weaknesses and suffering instead of trying to be a "perfect and good person." This approach is required in a survival society; instead of the continual drive to win and the obsession with ascending the ladder towards success, we need to face our own difficulties, even if it means descending into abyss. In the process, we can find an alternative way of life.

Recovery, curing and rehabilitation -- these concepts are based on turning back. Therefore, the past situation seems important as the basis. On the other hand, the way of living that I saw in Urakawa is how they move a step towards their future, little by little. They place importance on the "present," not the past or the future. They are living now, which takes them to the future, with hope.

In conclusion, I would like to extend my sincere appreciation to each member of JENESYS program 2011 -Social Welfare, who shared their opinions and feelings, and who continual support and encourage each other. The time I spent with them was very valuable and made a deep impression on me. I am very honored to have this experience, thank you very much.

2. Future plan/activity based on the experience in Urakawa

The experiences in Urakawa showed me an alternative way of how we communicate and live with each other. The way of thinking and approach at Bethel House was very helpful for me in the educational field which I am engaged in. I have never studied and worked in social welfare, but this program provided me a chance to learn what is being done in the area of social welfare, relating to people's lifelong well-being. Moreover, I believe that education must also be one part of the area. Therefore, the experiences in Urakawa must be used in my activities I will contribute and engage in. I can suggest two here.

One is relating to domestic school education. The other is international educational development.

The first one is to educate the young generation who will contribute to create a sustainable society. I would like to be an educator who tells the "truth," to learn and find another truth in a community along with my students. In the process, students can touch people's feelings, including happiness, hope, suffering, fear, angry and so on.

Also, students can build knowledge from their understanding of the struggling or suffering. Moreover, I would like to provide a similar chance that I experienced in Urakawa. It is an opportunity where students can question and become more aware of what they take for granted, being “Japanese” or “non-disable.” I would also keep learning from my students’ attitudes and behavior; deepening my knowledge through communication with community and students while sharing information, opinions and feelings.

These days, individualism is spread widely. As a result of this, face-to-face communication is becoming difficult and bothersome for many people. However, people in Bethel House are eager to maintain good communication. We have to adopt this way of thinking into practice of educational fields. Although individualism is respected, relationships should be encouraged between students, between teachers, between parents, and among all. By building reciprocal relationships or “Otagai-sama” (reciprocity), survival situations or competitions might be relaxed. Through education, I would like to provide a communicative environment for students so that they can create an alternative school life.

Relate to the above activity, it is critical to integrate educational development and community development, so as to provide a holistic learning place for children and community members in a developing country. I have considered this concept earlier, but through my learning experiences in Urakawa, I was encouraged to realize my idea.

I belong to an NGO which supports two preschools in a developing country. One school is located in a rural area and about 30 children attend the preschool to study. Their parents want them to study hard and be “good” people. In the preschool, two teachers provide the conventional “3R” education for children. It works well, though I am not confident that it develops the whole child as they have no time to play outside nature. Their surroundings are influenced by materialism and globalism, for example, they love to eat snacks imported from foreign countries and to watch Japanese animation TV programs. People in the community want to go to cities for work and some of them came to Japan as entertainers in order to support themselves and their families.

Many of the parents who have a traditional view of education work hard to send their children to school and want them to study hard. It is thought that this situation is causing one-way education where the teachers focus solely on knowledge building for children aged 4-to 6 years. It is believed that this type of preschool education promotes a lineal educational structure which reflects a society of advancement and survival. I am not sure if the school’s role is to contribute to the building of a lineal structure, such as achieving high marks aimed at entering a famous school or company.

After visiting Urakawa, the background of the people in Bethel House I feel can be regarded as similar to the children and community members who I met in the developing country. My experience at Urakawa has encouraged me in implementing my plan. Soon after visiting Urakawa, I went to see one Sister who is an advisor of our NGO, and I shared my ideas and experiences with her. She encouraged me to realize my plan. Now I feel empowered, standing at the starting line of a new activity.

In brief, my action plan is explained below;

- 1.) to provide opportunities to share and communicate with NGO members about this educational reform.
- 2-a.) to research and find the feasibility through observation and interviews with teachers and community

people.

2-b.) to explain this plan to the headmaster and teacher, and share opinions and feelings.

3-a.) to organize meetings with the headmaster, teacher and the coordinator of our NGO, to explain how the plan will be carried out.

3-b.) to organize another meeting to explain to community members about this plan.

4.) to have meetings to explain the plan and gather financial support from our university's alumni and other organizations in order to keep researching and to carry out the plan.

The plan of educational reform is as follows and relationship among each plan is shown in the diagram below;

- to create a farming/gardening place near the school so that the children can touch the soil and vegetables and experience agriculture/ farming.
- to develop a curriculum which provides qualitative and quantitative class activities both inside and outside of the classroom for children, so that all senses -- physical, emotional and spiritual -- are stimulated.
- for community members, especially parents, to participate in maintaining the farming/ gardening area and to support the children's educational practice.
- for community members to self-govern their economic system by participating in the preschool activity.



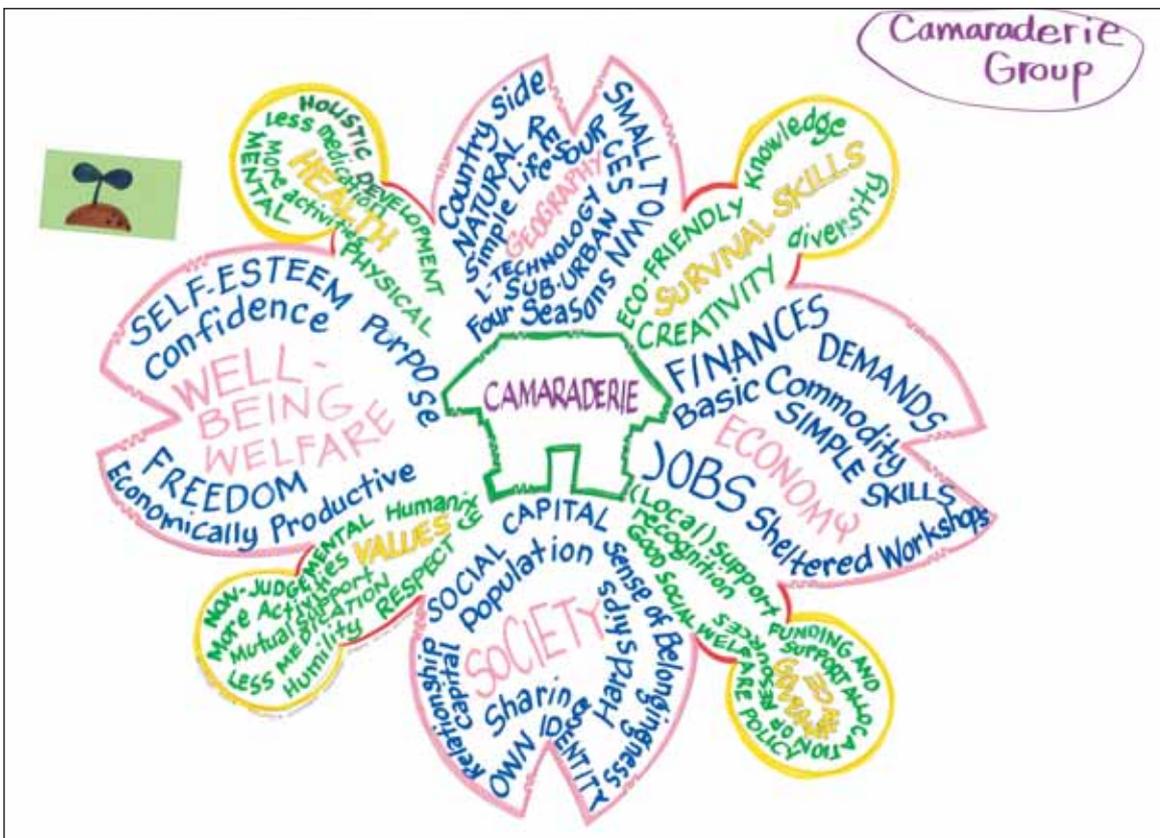
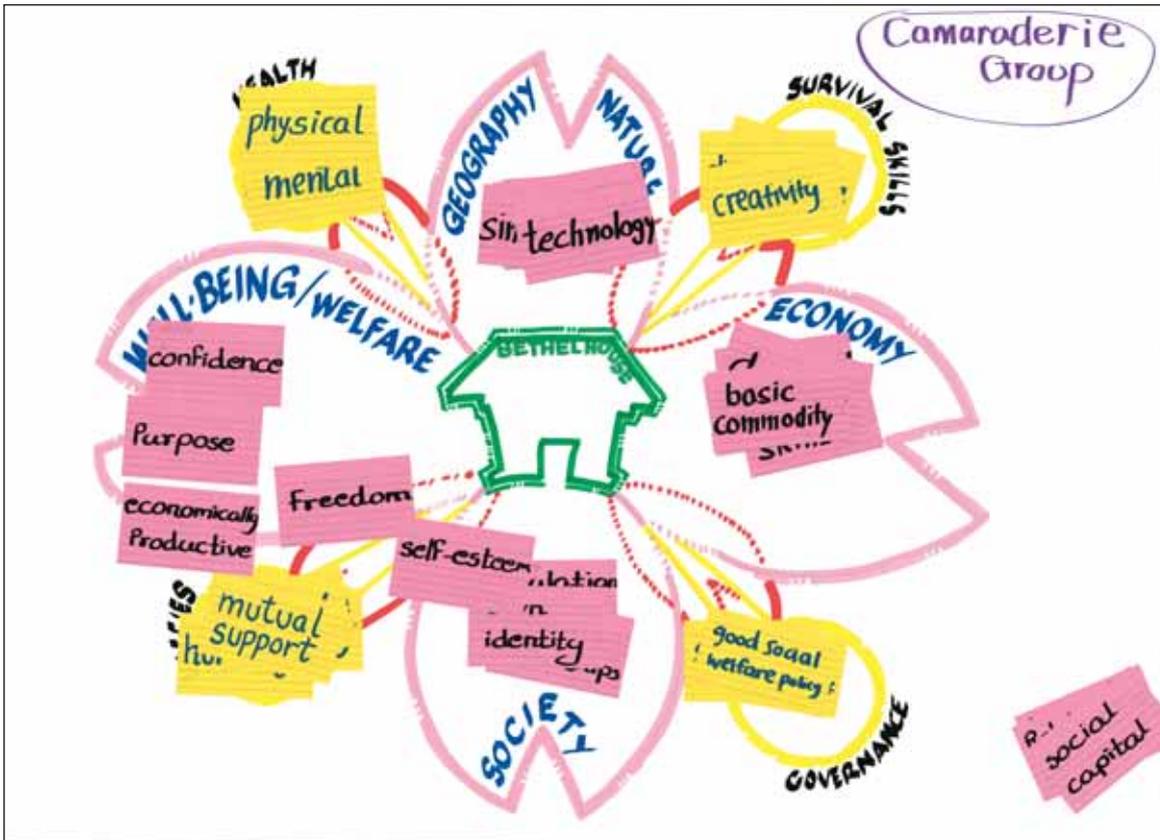
Diagram: Holistic Learning Integrating School and Community

My expectation is that community members will rethink the way of educational development and the way the school exists/plays its role in a small community through this activity. It will be wonderful if I can provide them with concrete plans and support to help them carry out the first steps. In the process to realize the plan and to complete the community people's self-reliance, there may be a lot of suffering and difficulties. Nevertheless, I would like to say "Let's start!" because we can find a new way of sustainable community through this process. This message comes from what the people in Urakawa told me, especially from the members in Bethel House. I would be very honored to be able to have this opportunity to carry out my plan. Thank you very much.

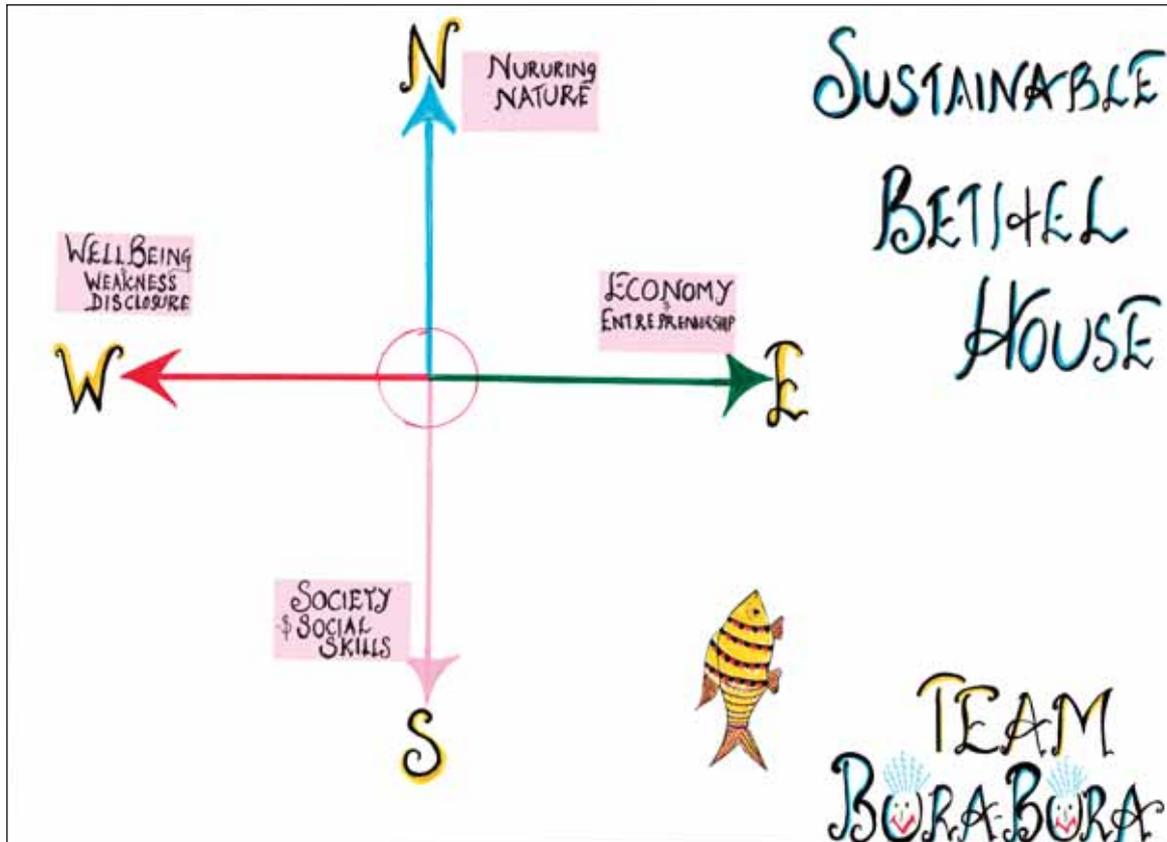
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Group Presentation Posters

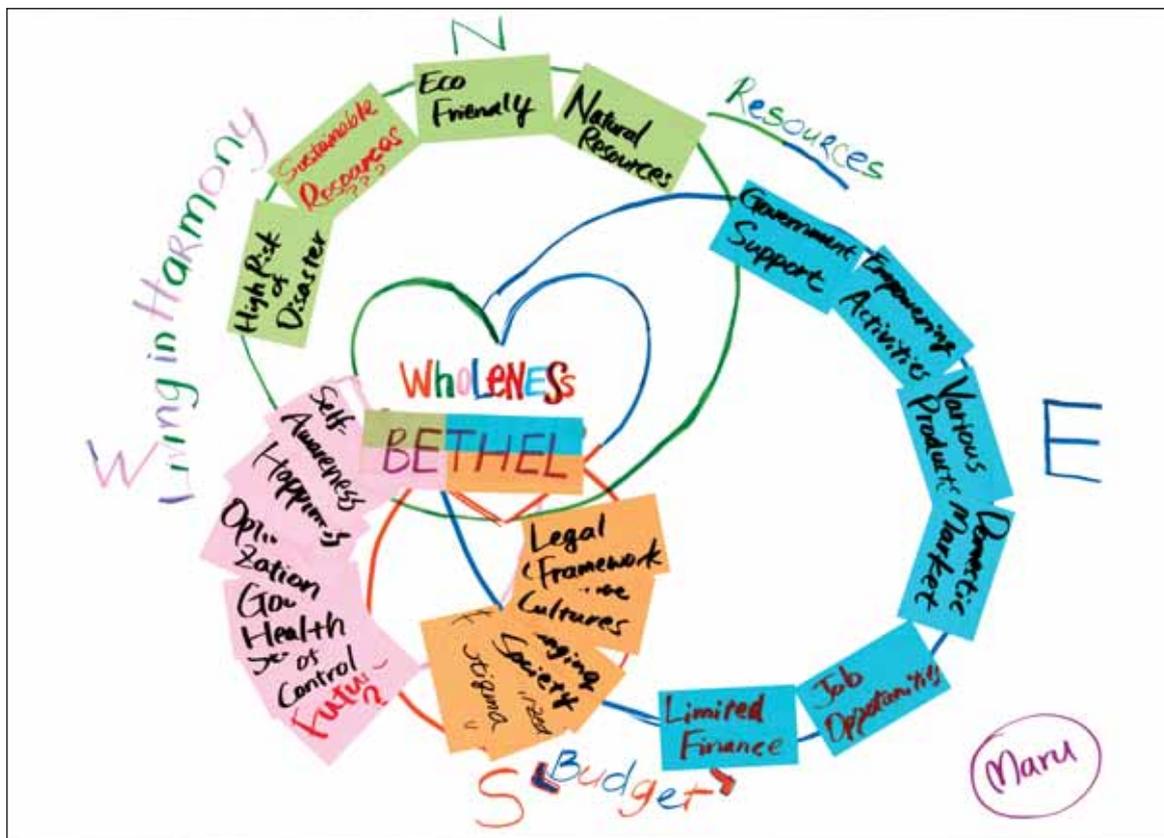
1. Camaraderie Group



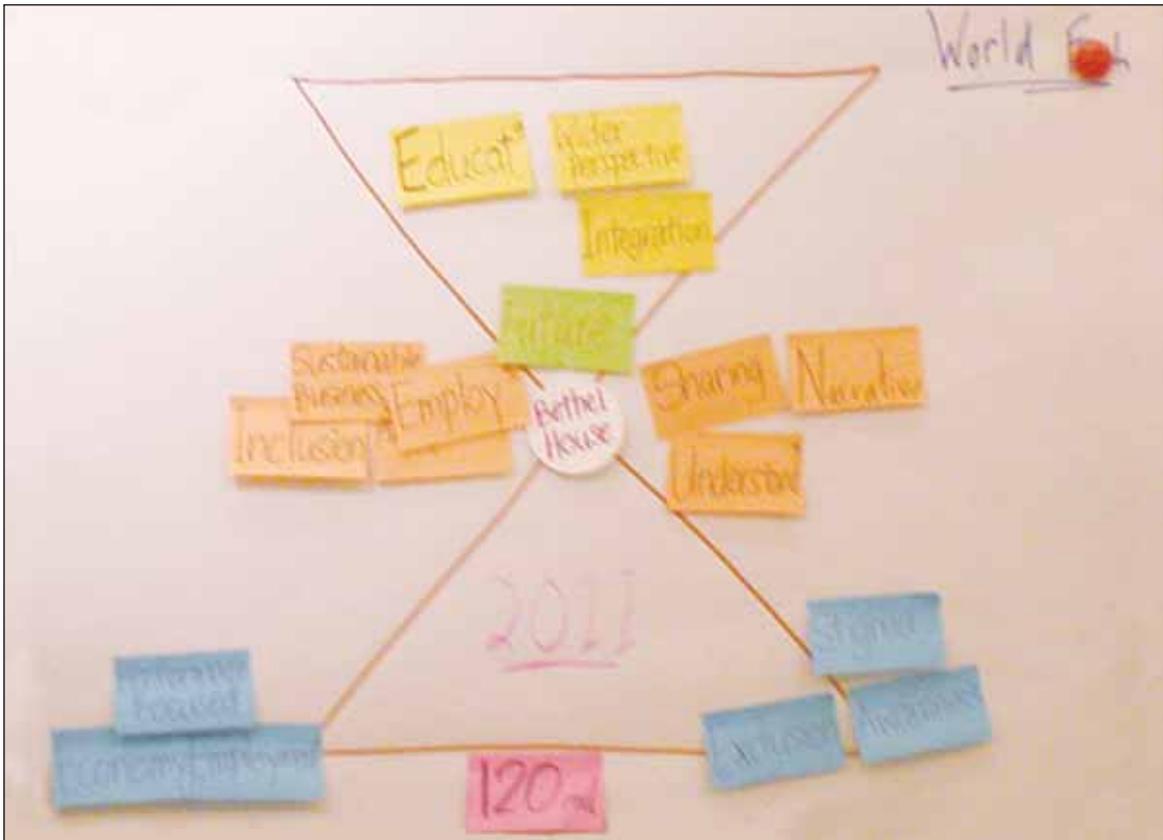
2. Bura Bura Group



3. Maru Group



4. World Fish Group

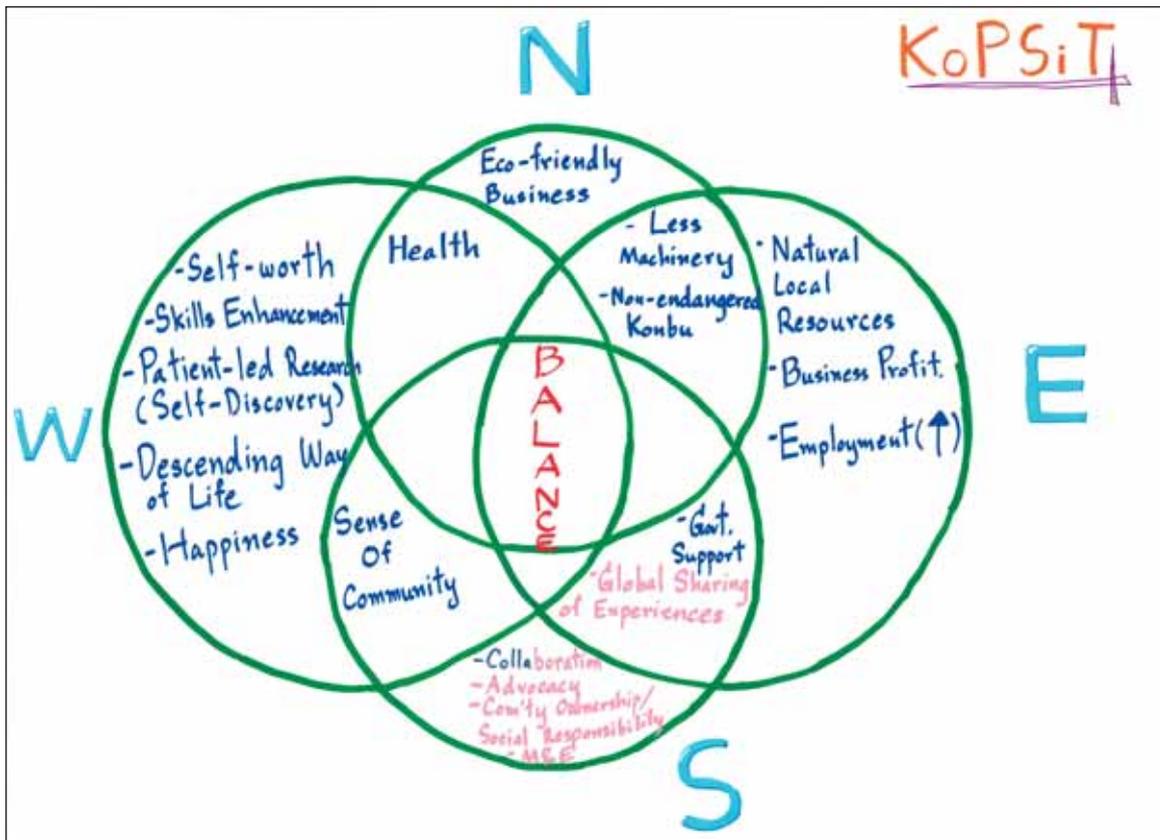


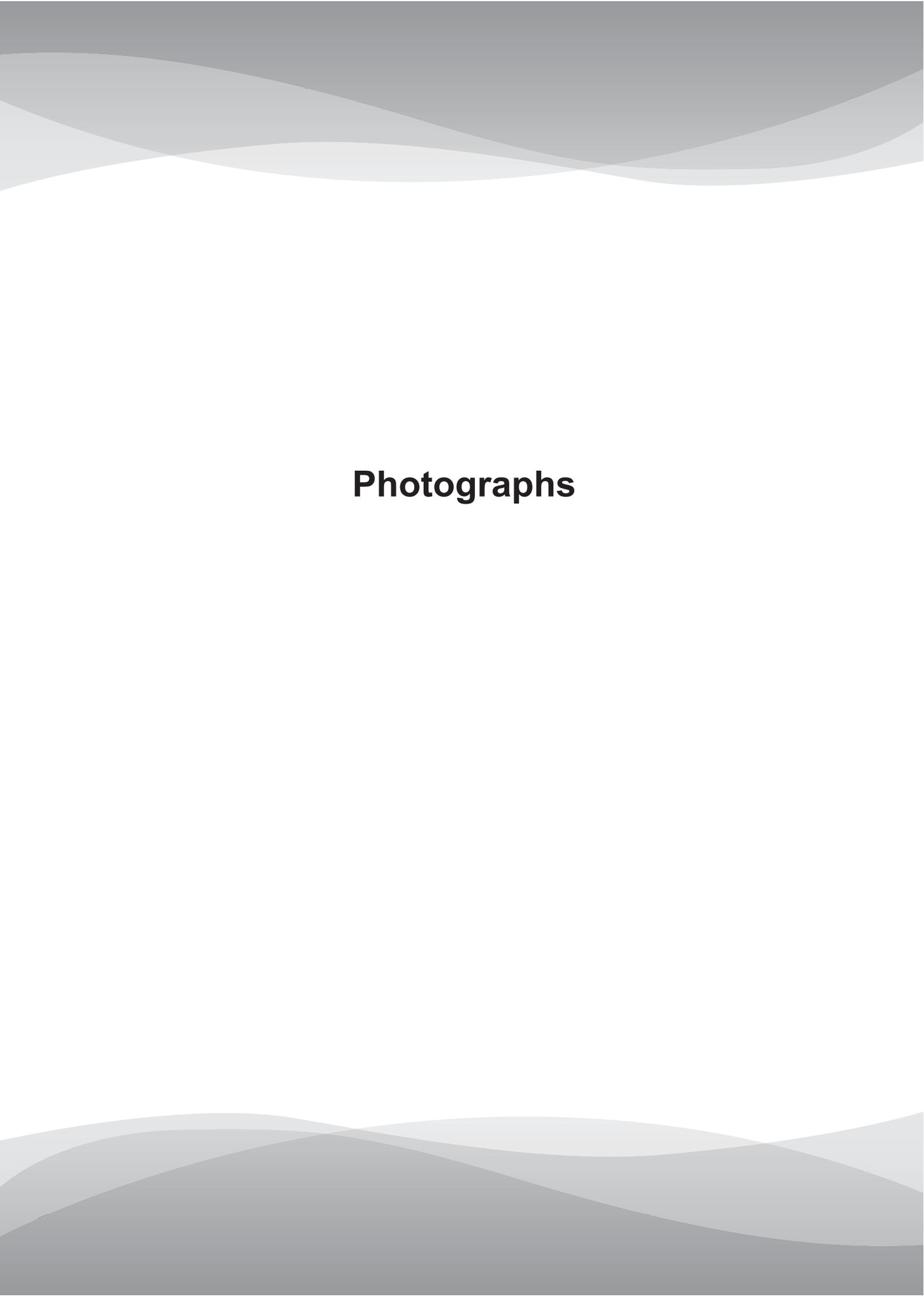


5. Konbu Crusaders Group



6. KoPSiT Group



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Photographs









弱さ語り合う「当事者研究



府の計画に基づき、翌 茶屋（東京）がらり

べてるの家が経営するカフェで歌に合わせて輪になって踊る若手リーダーとべてる関係者＝3日夜

アジアの若手 福祉リーダー 研修終え「自国

と慶好会生説明せをつれて一女！ たる労働いをがう自服







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- The Japan Foundation

