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## **EXPLORING THE POTENTIAL OF EDUCATIONAL INSTITUTIONS TO CREATE DEMENTIA-FRIENDLY COMMUNITY MOVEMENTS IN JAPAN**

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### **Abstract**

*As a nation where more than 28% of the total population is 65 years and over, Japan faces multiple ageing-related issues. Among these, dementia dominates the agenda due to its high societal costs. The purpose of this study was to elucidate the state of the current movement to create dementia-friendly communities across Japan, with a focus on the good practices of educational institutions, such as libraries, museums and lifelong learning centers. A case study approach was employed, which involved site visits and interviews with those charged with the development of educational projects to create dementia-friendly communities. The findings of this research suggest that some educational institutions have created dementia-friendly communities through utilizing their existing rich resources and providing approachable, convenient and holistic learning environments. However, current movements have tended to focus on assisting care givers and ordinary citizens through the provision of appropriate information and through opportunities for exchanging ideas and/or anxieties regarding dementia, and no careful attention has been paid to those living with dementia, whose viewpoints tend to be neglected in most current educational provision. Future research should focus on the ways in which different educational institutions can directly contribute to those living with dementia by*

*hearing their voices and defining the meaning of learning for them; the minute process of transformation by deliberately observing the interaction between persons with dementia and others in such institutions through various methodologies; possibilities of learning for all stakeholders regarding persons with dementia, in order to provide more inclusive dementia-friendly communities. Overall, many opportunities still remain uncultivated and diverse individuals could be involved in this process so that the potential of each institution can be more fully developed in the light of current societal needs.*

## **Keywords**

Dementia-Friendly Communities, Educational Institutions, Potential

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## **1. Introduction**

As the population ages, most industrialized countries are facing unprecedented issues, such as the effective promotion of health care in the face of pressure on public spending (Intarangkul 2017; Krairach 2017). As the country with the proportion of people aged over 65 constituting approximately 28.1% of its total population in 2019 (Cabinet Office, Government of Japan, 2019, p.2), Japan has been leading the way ahead of other countries in this respect. Not only does the country's proportion of elderly people bear mentioning but the astonishingly rapid speed of aging, having only taken 24 years for Japan's 7% aging population to double to 14% (Cabinet Office, Government of Japan, 2019, p. 2), is also worth examining. This is mainly attributed to the advancement of medical technology, the longevity of Japan's population (Ministry of Health, Labor and Welfare, Government of Japan, 2016, p. 2), and a serious decline in the fertility rate (Tsuya, 2004, p.14). The country's total population is expected to fall by almost a third within 50 years (Japan National Institute of Population and Social Security Research, 2017, p.4), resulting in a sharp drop in the working population that could seriously impact the country's long-term economic vitality. Confronting the gravity of these impacts, the central government has taken some political countermeasures; however, the whole issue is posing a critical challenge to Japanese society.

Among multiple aging-related issues, it is dementia that dominates the agenda, given the need for care and attention the condition prompts, as well as the specialized understanding of typical symptoms and the stringency of public expenditure on medical and social services arising out of the need to cope with it (Sato, 2015; Prince et al., 2015). Dementia cannot be prevented or cured as yet, but via pharmacological and/or non-pharmacological treatments there are ways to reduce the risk or slow its progress, to some extent, of developing certain types of dementia while enhancing the quality

of lives of those who do succumb to the condition (Dyer et al., 2018). Bearing this in mind, one of the obvious shifts in recent years is that the nation has been attempting to distance itself from a medicine-based, institutional approach in relation to those with dementia toward a community-based social method that incorporates the entire city (Hirakawa, 2017, p.2). In the latter case, it is hoped as many residents as possible are working to improve the lives of older citizens by creating a dementia-friendly community (DFC). In this context, educational institutions, such as museums, libraries and lifelong learning centers (adult education centers), are not immune to this societal change, and as effective community-based concerns, they have begun to play an important role in contributing to the establishment of the DFC. In this respect, some pioneering libraries and museums in North America (Riedner, Maki, & Lytle, 2014) and in Europe (Hansen, 2017) have been conducting ground-breaking projects. Yet, as an overall trend, scant research has stepped into this unexplored field to date.

This study intends to highlight the state of the current movement for the creation of DFCs across Japan, with a focus on the good practices of educational institutions in some innovative cities in the country. After briefing about the prevalence of dementia and a movement for DFCs in Japan, three case studies are illustrated in different educational institutions, comprising a museum, a library and a Lifelong Learning Center. Each case study was based on document analysis, site visits and interviews conducted by the author between 2017 and 2019 with persons responsible for coordinating their DFC projects. The names of the institutions are kept anonymous in order to protect their privacy. The findings were analyzed in terms of advantages, limitations, and future challenges with the aim of elucidating how to tap into educational institutions' potential to create DFC more effectively.

## **2. Prevalence of Dementia and a Movement for Dementia-Friendly Communities in Japan**

Japan stands at the forefront of age-related issues, and it has been forecast that one in five Japanese people aged 65 or over, reaching approximately 7 million, will have some degree of dementia by 2025 (Ministry of Health, Labour and Welfare, Government of Japan, 2015). The prevalence of those with dementia per total population (2.3%) was the highest among the member countries of the Organization for Economic Co-operation and Development/OECD as of 2017, and this proportion is expected to rise to around 3.8% by 2037 (OECD, 2017). In these circumstances, a number of unexpected problems caused by individuals with dementia have already been exposed in many different public spaces, such as banks, post offices, supermarkets, trains, buses, educational

institutions. Some of these companies and organizations have introduced their own measures and offered their employees training to appropriately communicate with people with dementia, but these guidelines tend to be insufficient when encountering the unknown reality. What is worse, the numbers of people with dementia who have been recorded as missing reached a record 16,927 in 2018, according to the Japan National Police Agency (Japan National Police Agency, 2019).

After encountering many unexpected dementia-related incidents that have occurred in different aspects of society, the Japanese government released a measure on dementia entitled the “Five-Year Plan for the Promotion of Dementia Measures (The Orange Plan)” in 2012 (Ministry of Health, Labour and Welfare, Government of Japan, 2012). This was followed by a more comprehensive package of measures called the “The Comprehensive Strategy for the Promotion of Dementia Measures (The New Orange Plan)” issued in 2015, with the aim to realize a society where the wills of those living with dementia are respected and where they can remain involved in their local community in order to lead as relatively ordinary a life as possible, exercising their faculties in a familiar atmosphere (Ministry of Health, Labour and Welfare, Government of Japan, 2015). The “New Orange Plan” states seven main objectives: increasing public awareness of dementia; providing medical and healthcare services appropriate to the symptoms of individual patients; promoting policies for young-onset dementia; supporting family caregivers; promoting the DFCs; facilitating research on prevention and diagnostic techniques and on curing dementia by diffusing those achievements; and attaching importance to the viewpoints of those with dementia and their family caregivers. Among these, it was the policy on promoting DFCs that prompted the shift from a medicine-based, institutional approach toward the community-based social approach. In addition, the Ministry of Health, Labour and Welfare has issued guidelines for creating a dementia-friendly city (Ministry of Health, Labour and Welfare, Government of Japan, 2019a), partly following the guidelines for age-friendly cities published by the World Health Organization (World Health Organization, 2007) while at the same time considering the lessons learned from Japan and some cities which have also followed this idea.

Under these government policies, there has been an agreement within the country at all levels that the medical-oriented model, which focuses on early detection and early treatment later in life, has limitations, and it is more important to reconsider daily habits and improve social environments for a longer lifespan, from early childhood to older age, involving the degree of quality and quantity of education and social participation, as well as to reconsider how to live with dementia without losing dignity (Ministry of Health, Labour and Welfare, Government of Japan, 2019b). In conjunction with

this, those engaged in educational services, such as museums and libraries in some innovative cities, have contributed to this objective, as depicted in the following case studies.

### **3. Case Studies**

#### **3.1 Museum**

##### **3.1.1. Overview**

Among the different measures conducted in educational institutions, reminiscence programs, which evolved from reminiscence therapy in the medical field, have attracted attention within various settings, especially in museums, since around 2000 (Suzuki, 2018, p.3). The structure of this program can vary greatly, but a typical session may involve a discussion about past events and experiences with another person or a group of people. The person's past life to be remembered tends to focus on a particular time period between the ages of 10 and 30 years, a period when there is an increased tendency to recall events that happened to them (Jansari & Parkin, 1996), usually with the aid of key multi-sensory, tangible prompts stimulating all five senses in order to trigger memories.

The main characteristic of Japan's method is that the program is designed to be utilized not only as a means of achieving individuals' objectives, but also as a means of enriching the local community (Kijima et al., 2014). There was an understanding that the benefits of this program may not be exclusively related to recalling past events in order to strengthen cognitive memory components but may also be related to group processes, which encourage older people to communicate and interact with a listener in the present. Its benefits, therefore, involved improving self-esteem among older adults, as well as providing them with a sense of fulfillment, confidence, and comfort by utilizing local resources. Compared to reminiscence therapy conducted in the medical and healthcare fields, educational settings tend to offer richer regional and local resources to produce a holistic environment, which is more suitable for facilitators in conducting the program (Naruse, 2013, p.243-244). In addition, there are experts to facilitate this type of session and observe individuals from different perspectives so as to generate other benefits for individual participants, such as the impact of learning on individuals' lives, encouraging sociability and feelings of self-worth, and restoring a sense of identity.

##### **3.1.2. Example of Museum A in City X**

Situated in the central part of Japan, City X, with a population of 86,000 (City X, 2020), has developed its agricultural industry over many years. Yet, at the same time, located adjacent to a big

city, it also works as a commuter suburb for local residents. From the starting point of its reminiscence program, Museum A had some advantages in terms of effective management. The city had long been passionate about preventive care for healthy older people and comprehensive care for those who are moderately ill but mostly stay at home (City X, 2013). This fervent attitude by the city had naturally gained momentum, leading to more effective ways to address mental health needs among the elderly. Not only did the museum deal with the period 1926–1989, possessing 100,000 daily life objects of that period, but it also had an old wealthy merchant’s house nearby, dealing with the 1860s–1920s period (Ichihashi, 2007). The program was also authorized and specially funded as part of the Governmental Project for Care Prevention, with the support of medical and nursing staff, and also received support from the National Center for Geriatrics and Gerontology (City X, 2013). Thus, Museum A could effectively create a strong network among people in the museum, healthcare and medical science areas within the city. It was in this context that the city introduced the “Community Reminiscence Program” in 2002 with the intention of enhancing preventive care, dementia prevention and community development (Ichihashi, 2007).

The program was normally conducted in a group format with about 10 older adults, led by two facilitators and some volunteers who had undertaken special training. Each session was intended to be held once a week and continue for two months. The survey results show that the program improves the symptoms of participants in terms of their cognitive ability, depression, degree of required care, communication skills, being active, and the precision of the content of their speech (City X, 2013, p.68). Some groups of elderly people who completed the program have assisted in various social services and activities for lifelong learning as volunteers. In the process, they have undertaken training provided by the city so that their value as regional human resources can be more effectively employed for the benefit of the whole community.

### **3.1.3. Results**

The reminiscence programs conducted in Museum A have generated immense value and unexpected positive outcomes in reviving local communities, which may have more lasting results, such as the enhancement of complementary interactions between participants through the use of ample resources. Moreover, the program could work as a methodology of ethnological study in order to understand the local community because it is based on listening to the description of past events in detail from surviving witnesses.

On the other hand, the current limitations are as follows. Firstly, the lack of appropriate training for facilitators and volunteers on the programs has been pointed out, and there is also a need to develop a larger pool of facilitators. Secondly, identifying regional resources for reminiscence should be more seriously considered in order to sustain the program. Thirdly, there is always a risk of uncertainty among older people, for example, breaking away from the group or disappearing, even when they have enrolled as participants or volunteers at educational institutions. Although elderly people generally have more experience and knowledge acquired throughout their lives, these cannot be easily re-utilized. At the same time, since not all older adults show an interest in participating in a program of this kind, how to motivate them is another issue. Fourthly, Japanese reminiscence programs tend to be confined to what is called “information reminiscence”, which is conducted simply to make the retelling of stories from one’s past an enjoyable experience, even though it can be used to help someone who may lack interest in his or her own life and relationships. Furthermore, as there is a cultural burden and psychological resistance to speaking about honest or negative memories in front of others in Japan, more attention should be focused on the methodologies of these programs concerning their application in educational settings.

## **3.2 Library**

### **3.2.1. Overview**

Following a sharp increase in the number of older adults in society, the Japan central government announced a new policy for future libraries, stating that public libraries should support their local community, serving as a hub of information resources (Ministry of Education, Culture, Sports, Science and Technology, Government of Japan, 2006). Since then, some public libraries have been striving to provide appropriate services for those with dementia for a variety of users, in collaboration with healthcare staff in the same region in most cases. The publication of “Guidelines for Library Services to Persons with Dementia” (Mortensen & Nielsen, 2007) and its Japanese translated version (Association for Age-Friendly Libraries 2017) also prompted public libraries to reconsider their existing roles and functions.

### **3.2.2. Example of Public Library B in City Y**

City Y is located in the suburb of Tokyo, with a population of 1.52 million, making it a relatively affluent area with modern medical facilities. In line with the city’s scheme, it has been aiming to create a comprehensive care system, integrating a diverse mix of stakeholders. Public

Library B is located in one of the seven wards in City Y, which has a population of 232,000 (City Y, 2020).

In recent years, librarians have encountered elderly people who require specialized care and attention, such as those who ask the same question repeatedly, those who cannot distinguish their own books at home from the books in libraries, those who visit the help desk daily to ask for their library card to be reissued, those who take library books home insisting that they are their own books, those who come to the library with their own books, insisting that “they have come to return library books”, and those who are found wandering inside the library looking for the exit. Library B has confronted these phenomena as new challenges which all staff must accept as an extension of their services. However, as it requires the requisite medical and background knowledge for individuals of this kind, it was difficult to find the best solution solely within the library. Coincidentally, one of the chief librarians was invited to attend a meeting held at a local healthcare center, which was located next to the library, the members of which include nurses, occupational therapists, and social workers. Since then, Library B and the local healthcare center staff have committed to sharing information concerning library materials, while also securely sharing relevant detailed information about local residents who have developed dementia, which the center has in its possession, duly respecting the privacy of those residents. The project has also gained support from the Dementia Friendly Japan Initiative, a general incorporated association aiming to more fully understand the impact of dementia through collective thinking, comprising representatives from private enterprises, local government, academia, non-profit organizations, and people living with dementia and their families (Dementia Friendly Japan Initiative, 2019). This network eventually led to the creation of a dementia-friendly space in one corner of the library displaying about 120 books on dementia from a variety of fields, including large-print volumes, illustrated picture books and children’s books, first-hand accounts by those with dementia, and general books about the illness from medical, nursing, age-friendly architecture, psychology and law disciplines. In addition, an array of informative leaflets was displayed on the nearest wall.

Library staff also started sharing their views on appropriate solutions for those who seemed to be developing dementia and their families’ anxieties, exploiting various library resources. Training sessions were offered to library staff with the help of local healthcare centers, enabling them to become more dementia-friendly. The mobile bus service run by the library, which brings various library books to the community, also started to ensure a designated space for books relating to dementia. Collaboration with Library B has also been effective for the local healthcare center in terms of raising

awareness because people are more inclined to visit a library with its relaxed atmosphere, whereas there is a reluctance to go to a healthcare center or similar places. Yet due to the time constraints of library staff, a system has been created in which healthy older volunteers help those with dementia, especially through a reading-aloud program. Those who wish to become a volunteer were offered training courses by librarians so that they can co-ordinate a programme by themselves, bringing books from the library as requested by individual participants. This is beneficial not only in reducing the pressure on library staff but also to the volunteers as it provides the opportunity to create a network of their own, keeping them active, giving them a sense of purpose and staving off their own potential dementia issues. Furthermore, since these volunteers are of a similar generation to those affected by the condition, they can relate to them more easily.

### **3.2.3. Results**

The potential of libraries with their extensive resources has now been acknowledged, as their interest in becoming dementia-friendly has grown, and can be summarized as follows. Firstly, this system could enhance the well-being of those living with dementia, regardless of how well they actually understand the materials, especially if they were formerly a book-lover or worked in a job involving books, as they are benefiting from the intellectual and mental stimulation which libraries provide, for example, a sense of belonging and confidence from spending time in a familiar place, as they did in the past. Secondly, a library is well-placed to work as an information provider for all kinds of stakeholders with diverse needs and interests in dementia. For members of the public, a library's designated dementia space could contribute to raising awareness, thus improving people's general understanding of the illness. For family caregivers, it could play a role in liability relief, help reduce anxiety and be a place to deepen their understanding. For professionals (not only those in the medical and healthcare fields but also from other disciplines), a library could be an effective context promoting understanding of this issue from various perspectives. This expansion of the traditional library remit has certainly led to an increase in circulation of relevant resources. Thirdly, a library could be a space for mutual interaction between ordinary citizens, spanning different generations and backgrounds.

However, there is a concern that, as libraries continue to explore different avenues, they may lose their characteristic distinctiveness, which is providing a special space where people can enjoy blissful silence, given that a library is by nature a self-absorbed place, free from interference and essentially different to other types of community institutions. A difficulty also remains concerning how to properly train older volunteers so that they can run the program without any trouble.

### **3.3. Dementia Cafe in Lifelong Learning Center**

#### **3.3.1. Overview**

Lifelong Learning Centers (*Komin-kan*) are major public educational institutions, established at the end of World War II, and can be found in almost every municipality in Japan. Since a recent political statement entitled “The Measures of the National Plan for Dementia”, issued by the central government in June 2019 (Ministerial Council on the Promotion of Dementia Care Policies, Prime Minister of Japan and his Cabinet, 2019), has attached importance to “a place to regularly attend” for those with dementia in various educational settings in the local community, Lifelong Learning Centers have drawn attention, as they clearly meet the needs of this role, including elements like running a dementia café (memory café), over the last several years, as explained below.

Until around 2012, although similar activities resembling dementia cafés had existed, most were privately run and on a smaller scale (Association of People living with Dementia and their Families, 2013, p.21). Since the announcement of the government’s Orange Plan, issued in 2012, some model projects for dementia cafés have been officially launched, followed by Dutch and British models (Association of People living with Dementia and their Families, 2013, p.21). Yet, it was from 2015, when there was a further announcement of the government’s New Orange Plan involving a proposal to establish a café of this type in every municipality of the country, that the nation saw a sharp increase in dementia cafés, resulting in 2,253 being opened in 2015, 4,367 in 2016, and 5,863 in 2017 (Sendai Center for Research and Training on Dementia Care, 2019, p.4). There have been no strict rules designated by the central government regarding setting up a dementia café, and it is run at the discretion of its coordinator in each of the local communities, though in 52.4% of local municipalities certain guidelines have been introduced with some financial support (Sendai Center for Research and Training on Dementia Care, 2017a, p.9). In general, a dementia café in Japan provides a place where people who may have short-term memory problems, and their care givers, are able to share their thoughts with healthcare professionals and local volunteers, while gaining new knowledge by mutual understanding. In more recent developments, each of the dementia cafés has developed in different directions, and some cafés have conducted outreach work for those who tend to be isolated from the community for mental and/or physical reasons (Sendai Center for Research and Training on Dementia Care, 2017b).

In terms of the venue for these cafés, more than half (53.4%) are conducted in health and medical care facilities; but, in recent years, local Lifelong Learning Centers (13.3%) have started to

conduct dementia cafés in their settings (Sendai Center for Research and Training on Dementia Care 2017a, p.9). Educational institutions are conveniently located in the center of the town, involving libraries and/or sport gyms in the same building in some cases, and therefore local residents of various ages naturally congregate in one place (Sumi & Takushima, 2018, p.117). Most cafés run every month (76.8%) and are conducted in the afternoon (64.1%), lasting two hours (53.5%) (Sendai Center for Research and Training on Dementia Care 2017a, p.10). A variety of activities are involved, such as chatting over a cup of tea (87.6%), social activities (63.1%), and ‘nothing in particular’ (23%) (Sendai Center for Research and Training on Dementia Care 2017a, p.10). Some future challenges have appeared, such as continuity, unstable methods of operation, and prejudice toward the name of the café, lack of coherence, financial difficulties, instability of participants, lack of clear purpose and the need for raising awareness among the general public and relevant organizations (Sendai Center for Research and Training on Dementia Care 2017a, pp.11-12).

### **3.3.2. Example of the Dementia Café in Lifelong Learning Center C in City Z**

City Z is located in one of the rural areas of the country in the north-western part of Japan, with a population of 95,000, as of January 2020 (City Z, 2020). It is one of the old towns with a castle and is rich in natural resources for rice-growing and alcohol production while working as a center of administration, industry, economy, education, and culture in the region. It was in 2009 approximately that the city introduced political measurements for DFCs, since when its practice regarding dementia has gradually risen, partly because of the media’s continuous coverage of the condition and because of some incidents in which people with dementia went missing and were found dead. The city gradually realized that it should establish a comprehensive support system for those living with dementia, in collaboration with local residents and relevant organizations, in order to take actual measures, including the allotment of GPS detectors for each of those who tended to wander and were at risk of going missing. Since 2016, a new support project for those with dementia, affixing a sticker on the heels of their shoes in which a registered number features to trace their identification, has been introduced (City Z 2016). It is designed not only for early detection and early reaction to wandering, but also to create a watchful system for those with dementia in City Z. Also, if any family member reaches out regarding a loved one with dementia, a professional promoter for DFCs assigned in each local health center is meant to create an individual plan and conduct activities with a team to minimize the degree of trouble caused by the patients. To date, there are 10 dementia cafés in the city with

different characteristics, and one of the cafés is conducted within a Lifelong Learning Center, as described below.

Before the official launch in December 2015, the image of a new dementia café (which was later named “Welcome!”) in Lifelong Learning Center C in City Z was discussed by the Steering Committee, which was comprised of healthcare professionals, branch offices of care services, a local council of social welfare, local healthcare centers, occupational therapists, local residents’ association, association of local elderly people, family caregivers, local volunteers and professionals, etc. They held several meetings, exchanging ideas on the objectives, the images of DFCs, necessary goods, and role allotment. Key themes of this café included having highlights to lure/invite participants, creating a friendly atmosphere for anyone to pop in and welcome newcomers, and making a place where anyone can relax and open their minds. Nowadays, the café runs once a month for two hours, charging a small fee (100 yen) for entry registration. Activities in the café include singing, having tea/coffee, and light exercise. Thus, the café was created in a well-planned manner from scratch.

One of the main objectives of this café is to increase the number of those who are interested in dementia and willing to be involved in various activities for the DFC in the city. There are many people in the local community who wish to utilize their abilities in order to contribute to their community more effectively but who are unaware of how to do so. Finding those people and matching their intentions with local needs is important. Therefore, primarily the café provides the public with a free 90-minute course on how to become a “dementia friend”, a movement in which members identify themselves by wearing a bright orange bracelet in order to raise awareness of dementia among the public. It was initiated and led by the ministry (Ministry of Health, Labour and Welfare, Government of Japan, 2005) and is conducted nationwide; yet, it is often criticized since a 90-minute course is frequently felt to be insufficient to teach people how to cope with those with dementia in various settings and these people hardly have any chances to exercise their knowledge (Miyako, Narimatsu, & Fujii, 2018). Therefore, in 2013, the city introduced a further one-day training for those who finished the course, becoming “dementia friends” of their own accord, so they could become a “mutual support mate for dementia”, which is now conducted in some dementia cafés, including “Welcome!”

### **3.3.3. Results**

As of 2017, the city already had 6,800 “dementia friends” and 57 local residents had completed the course to become “mutual support mates for dementia” (City Z, 2017). In the content for special further training, more practical aspects are included, such as how to communicate and understand

those with dementia by listening to them carefully. It is planned to continue this provision for the stable operation of dementia cafés. Once a person becomes a “mutual support mate for dementia”, she/he can join meetings for community care, as well as visit the individual homes of elderly people. It is considered important that local people be involved in the operation of dementia cafés more subjectively with professionals and monitor their processes carefully so that they can achieve their goal. The cafés have generated tremendous effects for different stakeholders in the local community; respectively, increased opportunities for social interaction and psychological stability by presenting chances for emotional release, leading to delays of the progression of symptoms for those with early stage dementia; avoidance of loneliness and prevention of social withdrawal and liability relief for family members; reduction of stigma and an increase in understanding about dementia for local residents; and a place to learn, to share views and collaborate with others for healthcare professionals. Future challenges include continuity, sourcing funding, and how to continuously acquire participants and staff, as well as how to present those who have finished the course with the next stage to exercise their abilities while improving the relationship-building process in the local community.

#### **4. Analysis of Case Studies**

The findings of the case studies suggest that educational institutions by nature have some advantages. Firstly, they can contribute to creating DFCs through utilizing their existing rich resources. Examples include: utilizing tangible objects and atmospheres of particular dates to conduct reminiscence programmes in museums; creating space in libraries for cross-disciplinary collections of dementia-related books for those with a special interest in dementia; and running an effective course at a dementia café in the Lifelong Learning Center. Secondly, educational institutions have merits in approachability in psychological terms, as those with early stage dementia tend to shy away from social interaction or attending particular “care” places concerned with halting their symptoms’ progress. Thirdly, educational institutions are mostly situated in very convenient locations in the city center with which many people are already familiar, usually open to the public, and thereby not producing any unseen barriers toward dementia. Fourthly, educational institutions naturally promote social interaction between different users while offering those with dementia a sense of belonging in the local community. As a result, educational institutions have become an efficient means by which the elderly people with dementia are able to maintain their dignity and demonstrate their “personhood”.

However, as limitations, current movements have tended to focus on assisting care givers and ordinary citizens through the provision of appropriate information and opportunities for exchanging ideas and/or anxieties regarding dementia. On the other hand, insufficient attention has been paid to those living with dementia whose viewpoints tend to be less attached in most current educational provisions. From the perspectives of those living with dementia, it was found from the author's site-visit observations that individuals in such institutions are surrounded by too much information, which they are unable to comprehend and handle, and that they find it hard to adjust/fit mentally and physically into those contexts without the help of care givers. Also, less attention has been paid to enhancing the quality of training for volunteers. Furthermore, there remains a significant gap between those passionately working toward finding a solution and those who show little interest, even among educational institutions. Above all, in terms of professionalism in making DFCs, all these kind of activities tend to rely on those in the medical and healthcare fields, with only a limited number of specialists in educational or other fields being subjectively involved. Yet, there are many educational specialists, for example, who could contribute from their own perspectives, such as viewing individuals as people who can develop throughout their lives, even as they develop dementia. Overall, further investigation will be required to establish the true meaning of involvement by educational institutions in regard to maintaining DFCs more seriously.

## **5. Concluding Remarks**

As Japan faces a sharp increase in the number of elderly people in society, how the nation is evolving for its aging population is now a topic of focus. While some innovative cities are becoming involved in creating DFCs, some educational institutions have started to contribute to create DFCs from their own perspectives, utilizing their rich existing resources, and approachable, convenient and holistic learning environments in the local community. However, in order to achieve their objectives for creating DFCs, more attention should be paid primarily to the viewpoints of those who have developed dementia. This is because current movements have tended to focus on assisting care givers and ordinary citizens through the provision of appropriate information and through opportunities for exchanging ideas and/or anxieties regarding dementia.

From a broader perspective, the social approach toward dementia as a whole tends to have been predominantly led by those in the medical and healthcare fields. It is therefore hoped that Japanese programs for those with dementia in various educational settings become more comprehensive by

inviting specialists in education and other fields in order to maximize the potential of regional resources within each of the local communities more effectively. In particular, apart from the medical and healthcare fields, it is expected that more experts in education and other fields in society should be subjectively and proactively involved in the operation of these projects, providing more meaningful methodologies and outcomes from their own perspectives in order to enhance the effectiveness of such programs. This will involve diverse viewpoints, such as how to observe the process of learning by individuals with dementia, how to develop relationships with those individuals, how to define the meaning of learning for those people, and how to improve the quality of training for staff and volunteers in those institutions. Moreover, this will enable the development of the diverse capabilities of older adults in relation to their educational life courses through engagement.

In order to enrich the potential of each institution, future research would involve the following. Firstly, by exploiting their original features, it should focus on the ways in which different educational institutions can directly contribute to those living with dementia by developing various means to hear their voices and define the meaning of learning for them. Secondly, studies should carefully examine the minute process of transformation by deliberately observing the interaction between individuals with dementia and others in such institutions through various methodologies. Thirdly, it should suggest unexplored possibilities of learning for all kinds of stakeholders surrounding persons with dementia, such as staff and volunteers working for such institutions and ordinary citizens using those institutions, in order to realize more inclusive dementia-friendly communities. Overall, much potential still remains uncultivated and all kinds of individuals could be involved in this process so that each institution can be more fully developed in the light of current societal needs.

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\*The materials written by Japanese ministries, municipalities, organizations and authors listed above are originally written in Japanese, and if the English title is not specified in their original materials, it is translated by the author.