

A Probe into the Usefulness of Chinese and Japanese Senior Care Service Models for the Elderly with Cognitive Disorders

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Abstract

With the deepening of the social aging, the number of elder people with cognitive disorders in China is also increasing. In this process, the elderly care service model for the senior with cognitive disorders has failed to meet the needs of the growing number of them. Therefore, this study summarizes and compares several major domestic and international senior care service models to analyze their respective effectiveness on the symptoms of elderly people with cognitive symptoms, and combines the interview done for the study on aging on the Cloud with a view to gaining some reference and insight.

Keywords

Elderly with cognitive disorders; Aging; Elderly care service models.

1. The Current Situation of Aging in China and the Elderly with Cognitive Disorders

According to the classification method formulated by the United Nations in *The Aging of Populations and its Economic and Social Implications* (1956), when a country or a region has a population with over seventy percent of the population aged over 65, it means that the country or the place is entering aging society. In 1982, the first World Assembly on Ageing held in Vienna determined that a country or region is entering a serious aging situation when more than 10% of its population is aged 60 or older. Since 1865, when France initially entered an aging society, more than 100 countries and regions in the world have successively entered into an aging society. Since 2000, when China formally entering an aging population, China's population growth has maintained a positive trend that can be summarized by the characteristics of "the largest number, the fastest speed, the largest differences, and the heaviest task" (Zou 2017), which coincides with the findings of Huang and Chen.

China is a country with a large population and also a country with old people. On May 11, 2021, the National Bureau of Statistics released the data of the 7th census in China. The census results show that the total population of China is 1,411.78 million, or 1.412 billion. Among them, the elderly population aged 60 and above reached 264 million, accounting for 18.70% of the total population. Compared with 2010, the proportion of people aged 60 and above increased by 5.44%, which further deepening the degree of population aging. Some studies have shown (Zou, 2017) that China is currently the only country in the world with an elderly population of more than 200 million. It is expected that the number of children left-behind in China will exceed 300 million within 2025, 400 million in 2033, and will exceed the peak of 487 million in 2053, accounting for a quarter of the world's total elderly population at that time. Among them, the number of disabled and semi-disabled elderly people will continue to decline from 40 million

at the end of 2015 to 97.5 million in 2050; the number of senior citizens over 80 years old will continue to grow from 25 million to 108 million.

With the acceleration of the aging trend in China, the problems associated with aging are drawing more and more attention. One of the most prominent concerns is the physical condition of our young people today. At present, China's population is relatively low, and the health condition of the elderly in an aging society is not optimistic, resulting in more than 180 million elderly people dying from chronic diseases, and about 15.07 million elderly people aged 60 and above suffering from dementia. The demand for care services of the elderly with cognitive disorders shows a rapid growth trend. At the same time, there is also a greater interest in which the major global models of senior care services can provide mitigation and improvement for the symptoms of elder people with cognitive disorders.

2. Cognitive Disorders in China

2.1. Feasibility Analysis of Home Care for Cognitive Disorders

Cognitive disorder, also known as cognitive impairment, dementia, commonly known as "Alzheimer's disease", "brain degeneration", is a chronic progressive disorder of hypofunction in our brain caused by diseases of the nerve cells due to multiple causes. As China's aging population degree is deepened, the number of patients with cognitive disorders is also increasing. In Yawei Chen's study, we can see that due to the consideration of traditional morality, economic burden, care quality and other factors, family members of the elderly with cognitive disorders mostly choose to take care of them at home. The elderly with Cognitive disorders are different from the elderly with ordinary disabilities. In the course of long-term care for the elderly with cognitive impairment, the family caregivers are under great physical and mental stress, which leads to the deterioration of the family's living quality. In this process, it is difficult to have a greater positive and benign effect on the symptoms of the elderly with cognitive disorders, but it may have a further impact on older people living at home with cognitive impairment. Moreover, in Chen Yawei's study, the home care for the elderly with cognitive disorders in P District of Shanghai (the study took P District of Shanghai as an example) faced difficulties in the following three aspects: The lack of awareness for the disease leads to double rejection, the arduous caregiving task makes family caregivers physically and mentally exhausted, and the lack of caregiving capacity and resources makes the care less effective. These shows the difficulties of home care for cognitive disorders and its effectiveness in alleviating the symptoms of the cognitively ill in the whole process of home care (take P District in Shanghai as an example). Therefore, how to build a supportive policy system of home care for elder people with cognitive disorders and improve their living quality has become a topic to concern nowadays. Through theoretical research and practical investigation, Chen Yawei proposes to improve the supportive policy of home care for the cognitive elderly in the following three aspects: first, to promote the development of the formal care service system for elder people with cognitive disorders by developing the cognitive care service bundle, improving the professional cognitive care capacity of elderly service institutions, and promoting the development of professional care team for the elderly with cognitive disorders. Secondly, a variety of supportive policies should be established to support the home care of the elderly with cognitive symptoms, including the establishment of community support, health service networks, skill training systems and care subsidies; Finally, we can build a cognitive-friendly cultural environment based on community and gradually promote the renovation of cognitive-friendly physical space to realize the construction of cognitive-friendly environment.

2.2. The Penetration of Cognitive Disorders in Community Aging

2.2.1. Different Models in Rural Communities

2.2.1.1 Background

The results of the seventh census show the seriousness of the aging problem in China's rural areas. From the interview of Liu Yanlin, we learn that neighborhood mutual aid type of aging in the community has become the norm, and its demand is different from the target audience of nursing homes for five-guarantee households, childless care, the disabled or semi-disabled elderly person. In the face of the vast majority of seniors who are capable of taking care of themselves and choose to stay at home, there is a nationwide home care program for the disabled and semi-disabled over 60 and senior citizens over 80. The program has been implemented for many years and has been practiced continuously, shifting more and more attention to the cognitive disorder people and working on prevention and intervention of this disease.

2.2.1.2 An example of a demonstration project of home care in Gaotai Town, Chengdu, Sichuan Province

In order to ensure the quality of life for each elderly person in rural areas, We should actively prevent and intervene their life for the people with cognitive disorders, and focus on improving their mental life. The team attempts to empower the elderly through community self-care and the use of senior citizens to form a senior care service team in order to implement senior-care style services.

The team strives to understand the actual situation faced by each community and the actual needs of the elderly, especially in screening, prevention and timely intervention. For the elderly with severe cognitive disorders, the team will do a town-wide sorting and screening of those who need one-to-one or one-to-many companionship. If there is a special case, they can do it at least once a day.

The common problem of most elderly people with cognitive disorders in rural areas is loneliness, and they need spiritual solace. The adoption of neighborhood mutual assistance home services will eliminate the fear to meet strangers in unfamiliar environments of the elderly with cognitive disorders to the greatest extent.

Some group activities, such as the Laba Festival during the outbreak, they go door-to-door to collect rice and beans and boil them together to make Laba rice porridge, and then the team deliver the porridge to every household so that everyone can share it. This kind of neighborhood interaction is very heartening and has a significant effect on the spiritual healing of the elderly with cognitive disorders.

The "most beautiful courtyard" competition, the Lantern Festival, the group birthday party and environmental hiking activities can all stimulate the enthusiasm of the elderly. In order to enrich the spiritual life of the elderly, the team transformed the idle canteen into a place for them to chat, make tea, sing and dance. At the same time, some other special projects are carried out, such as lecture room, senior farm, senior workshop, etc.

In the process of this elderly care service, the team did most is empowerment, research, activity design and the whole project contracting. The core of the team is to mobilizing the elderly themselves, providing them a platform and a stage, so that they can have fun and do something to help the rural community to prevent and intervene the cognitive disorders.

2.2.1.3 Taking Qingtian Shanghai elderly care as an example

In the interview with Jin Shuoyun, we learned that rural elderly care is also a social issue of concern in Shanghai, and it is mainly embedded in the community. Since there are some conceptual differences between rural and urban elderly care, it is important to have a "senior care service complex without walls". Because of the coexistence of diversified forms of elderly

care and the independent elderly care choices that are encouraged for them to choose, it contributes to the prevention and intervention of cognitive disorders in a targeted manner.

Influenced by the dominant advantage of young people, the Talent Introduction can be used for reference to improve the people with cognitive disorders in the community. Applauding the social responsibility of youth, Shanghai Civil Affairs Bureau trains nurses and awards them regularly, such as senior technician titles. In the form of enhancing the sense of occupational honor, they are guided to have a thorough and detailed understanding of cognitive disorder. The youth is used to promote the professional honor of the middle and old staff, thus promoting the professionalization of nursing staff for cognitive care.

Narrative therapy is also slowly penetrating in the pension industry. When the elderly come to an unfamiliar environment, they will forget the recent events, and the team will bring them back to a certain time period through interviews. In this regard, Mr. Kim (Jin Shuobin) has shared two examples. An old man was a model worker when he was young and worked in a steel factory for many years. He would put out the fire of the blast furnace after work, and when he got old, he would always talk about the fire being turned off, as for the caregivers, who knew the background, would reassure the elderly by telling him that the fire had been turned off. Another example is the case of hiding meals, which is also based on certain experiences. Surveys have shown that the frequency of hidden meals among the elderly with cognitive disorders is extremely high. The elderly have experienced the hunger years and hiding rice is a collective memory. So, the caregiver makes the elderly aware of the meal being served by a lunch box which is locked in a drawer, so that the elderly are aware that the meal is sufficient to fill their stomach. This belongs to the category of narrative therapy, where the caregivers will communicate the family to learn about the backgrounds and experiences of the elderly so that they can better use the therapy to treat the symptoms.

It is essential to keep up with innovations in the Internet era. Shanghai Civil Affairs Bureau launched the "Bridging the digital divide", which helps seniors surf the Internet on their cell phone, and also promoting the elder people with cognitive disorders to do this. All staff will popularize the use of smart phones to the elderly, at the same time, we can combine the police and banks to spread the knowledge of Fraud Prevention. In the era of the sharing economy, the Internet Hospital Walk-in Services are also being promoted. With the implementation of the Delayed Retirement Policy, active prevention and intervention of cognitive disorders is imperative.

2.2.2. Urban Community

2.2.2.1 Background

Under the background of aging and intelligence, the Internet+ innovation platform for ageing-appropriate renovation service is continuously improved and gradually applied. The competitiveness of the relevant Internet industry is mainly reflected in the differential management, and Internet+ has special advantages in the pension industry, mainly manifested in technology empowerment, also integrated the conventional internal and external pension services with informatization, intelligence and data from internet of things, so as to serve the elderly and the society better. In the early time, the whole service system of Fukang's pension products in 16 provinces played the role of online supervision. At the same time, the pilot project was carried out to test the progress and results of the operation. To a certain extent, the simple algorithm reduced the manpower, improved the accuracy, and effectively tested the information and intelligent supervision.

2.2.2.2 Take "Fukangtong" Jiangsu Province as an example

The Internet+ Aging Adaptation Service Innovation Platform also has corresponding countermeasures to deal with cognitive disorder. It evaluates the physical condition of the elder people with cognitive disorders in advance, predicts their possible emergencies, and makes

timely alerts during the period of high emergencies. Take the Bedridden Internet + Aging Retrofitting Service as an example, the platform has health check monitoring, which can test the health indicators such as heartbeat, heart rate and blood pressure, and the relevant data can be directly connected to our innovative platform of this Internet + Aging Retrofitting Service. Therefore, for the personnel who serves the elderly with cognitive disorders, and for the Walk-in Service, if an accident occurs, the Internet + Aging Friendly Transformation Service Innovation Platform can provide tips, which is intelligent supervision.

For the safety of the bathroom, the convenience of the kitchen, the convenience of walking, all these are encapsulated in the scope of intelligent monitoring, which is an all-round service. It involves the safety of the bathroom, such as the call of emergency, the use of computer alarm, the safety of the kitchen and others related to emergency situations. Another situation is the fog alarm, water leakage and so on, all these things will send timely informationized distress signals. It is helpful to improve the life of the elderly with cognitive disorders.

For the aging facilities, it is also a key point for the improvement of elderly care services in the city. It is a multi-dimensional demand, many intelligent production needs to cooperate with manufacturers, the supply chain can be seen as the ecological chain of production enterprises. The platform provides the design of application scenarios for the cooperative industries, which belongs to the process of resource integration. The platform has the demand, the market, the design, the R&D(research and development), and the manufacturers have the brand, the production capability, the management of supply chain, the quality control, etc. The strong combination is essential for improving the life of the elderly with cognitive disorders and even empowering the whole pension industry.

2.2.2.3 Take the public number "Old Friends & Youth" as an example

The elder people with cognitive disorders need the spiritual nourishment and companionship, and the old needs to see the project.

The project takes "reading" as the medium bridge and it's core is "sharing". We can build a communication platform between college youth and urban seniors through small-scale book sharing daily activities and special outdoor reading events. Through reading and communication, we bring more companionship to the elderly, we let the young avoid anxiety and find their way to future, and let them share the good life in the city. The Official Accounts <Old Friends & Youth> focuses on the emotional needs of the elderly; Using "reading" as a medium, it builds a bridge for communication between college volunteers and the elderly.

The principle of this communication is more similar to the narrative therapy method, where the elderly and youth communicate more about Party's history, TCM Wellness, and they often discuss and use some reference books.

There is less literary communication. This online reading is often accompanied with offline activities, mostly books with red background, in order to guide the elderly to recall and tell their stories in the past time. Reading is more of a medium and an outlet for emotions, the connections and the interactions that emerge from the conversations from the elderly are actually more important.

3. Cognitive Disorders in Japan

Compared to China, the aging phenomenon in Japan occurred earlier. According to the latest statistics from Ministry of Internal Affairs and Communications Statistics Of Japan, as of January 1, 2019, the total population of Japan was 126.31 million, which continued to decrease for nine consecutive years, but the elderly population aged 65 and above continued to increase, reaching 35.62 million, with an aging rate of 28.2%. Of these, 18.08 million people were aged 75 and older, about one half of the population aged 65 and older.

In 2012, the population of the elder people with cognitive disorders was 4.62 million, with 1 in 7 seniors aged 65 and over suffered from cognitive impairment. By 2025, their population will reach 7 million, with 1 in 5 seniors aged 65 and over suffered from cognitive impairment. As a relatively high proportion of the population in Japan, the "mass generation", the highest age has reached 74 years old, with life expectancy at 81 years for men and 87 years for women in 2019. This is to say, Japan have to confront the cognitive problems associated with a large elderly population in the coming years.

The consequent result is, the elderly care for cognitive disorders started earlier in Japan. In 1980, the first spontaneous organization, "the Organization for Cognitive Disorders and Their Families" was established in Kyoto. In 1986, the Ministry of Health and Welfare established the "Cognitive Disorders Elderly Countermeasures Promotion Headquarters" . Since 2000, many policies have been promulgated to help the elderly with cognitive disorders. In Japan, the health and life of the elderly have been supported by Japan's Nursing Insurance System. 90% of the elderly are in home care, 7%-6% are in community care, and only 3%-4% are in institutions.

3.1. Reasons for Promoting the Development of Japan's Pension Industry for Cognitive Disorders

First, aging is an inevitable product of economic development. When a country becomes increasingly developed, to a certain extent, it will make the birth rate decline, probably because the machine pushes people to engage in non-agricultural industries. Farming families may transform to middle-class families, and the adequate supply of labor can leads to the decline in the birth rate, resulting in the emergence of an aging society. According to data published by the Japan Institute for Social Security and Population Studies, the total population of Japan will decrease to 120.66 million in 2025 and 97.08 million in 2050. And the population aging rate continues to increase, it will reach 30.3% in 202 and 38.8% in 2050.

Secondly, Secondly, due to the increase of the elderly with cognitive disorders and the small working population, Japan has to find a solution to relieve the financial pressure. According to Mr. Matsuzaka Hoshikage, when an elderly person reaches the pensionable age in Japan, the third-party organization classifies the elderly according to their different health conditions (generally three levels) and then evaluates the elderly care, the elderly person only needs to pay 10% of the total cost. Every Japanese has to start paying pension-related insurance premiums, such as nursing care insurance and pension insurance, when they reach the age of 40, this fund becomes the basis pension expenses for 90% of the Japanese National Insurance Fund, but as the number of people under 40 decreases and the aging population increases, the government's finances are under increasing pressure. In addition, the increasing expenditure of Japan's pension insurance and the variety of pension insurance also increase the financial pressure of the government to a certain extent.

Finally, workers for elderly care of Cognitive disorders have high work intensity, high professional requirements and low wages, have forced the Japanese government to seek diversified ways to train employees and increase their happiness.

3.2. National Policy on Cognitive Care in Japan

Currently, Japan is revising and enacting the New Orange Plan and guardianship system for the elderly with cognitive disorders and the model for cognitive disorders are mainly at home or in institutions.

The revision and enactment for the new Orange Plan. In July 2011, the Japanese government revised the "Comprehensive Strategy for the Promotion of Cognitive Disorders Policy" (New Orange Plan) after listening to the opinions of the elderly with cognitive disorders and the related persons. They elevated the policy on cognitive disorders to a national strategic level

with the participation of 11 related ministries and agencies. Each local autonomous government in Japan has established the comprehensive care system for cognitive disorders and built a comprehensive support center from the perspective of medical care, nursing care, preventive care, home and living support and so on. They establish a comprehensive community support center so that the medical care at home and the home care can be developed harmonic, and play their respective role in the community to create a pleasant environment for the elderly with cognitive disorders.

Develop a better guardianship system. In order to protect the rights and interests of the elderly with cognitive disorders, in 2012, the Japanese government made it clear that in order to further strengthen the system of adult guardians, the Japanese government will actively cultivate citizen guardians and establish an adult guardianship system, a legal guardianship system and an arbitrary guardianship system, so that the elderly with cognitive disorders can enjoy more services and convenience, and their rights and interests can be protected.

The main modes of cognitive care in Japan are home care and institutional care, and the main modes for cognitive disorders' care are home care, home nursing, day care center, small multi-machine model and 24-hour care. In-home care means that caregivers regularly visit the homes to provide nursing care; In-home nursing is when a nurse visits the home to do the medical injections. Day care centers are similar to kindergartens, arriving in the morning and returning home in the afternoon. The 24-hour nursing care targets in physical care with a higher level of care. Rather than receiving just one service, Japanese seniors with cognitive disorders often mix and match these four or five services and achieve the best possible care.

3.3. Staff Training System in Japan's Elderly Care Industry for the Cognitively Disorders

The high work intensity, high professional requirements and low wages of frontline workers have forced the Japanese government to seek diverse ways to train employees and increase their well-being. It focuses on improving wages and benefits, improving employees' working environment, enhancing employees' satisfaction, and ensuring the implementation of refined services. In Japan, the main training method is OJT training, which is On the Job Training (Mentor-Apprentice Training). Each new employee will be assigned a mentor when they enter the nursing home to training, and through about one month to three months, they are familiar with the business, and slowly transform to the new employee who can complete the task independently, and gradually grow into an independent caregiver. Through OJT training, the staff who serves the elderly with cognitive disorders will be more refined and professional, understand the characteristics of them better, and provide targeted care.

3.4. Examples of Elderly Care System for the Cognitively Disorders

Case 1: Kameda Club: The philosophy of Kameda Club is "It is better for the elderly to feel happiness and existence than to have value provided by others for them." In the day care service, as part of the elderly cooking activities, special restaurants and cooked food sales window are set up to provide ordinary guests with lunch and cooked food prepared by the elderly. Based on this concept, Kamekichi Club has achieved a profit margin of 30% in the Japanese day care center industry, where the average profit margin is only 3%. Kamekichi Club is committed to enabling more cognitively impaired seniors to do what they can to help them with their health and rehabilitation through activities, and to minimize the need for staff. In order to ensure that cognitive seniors can maintain their physical functions by participating in such activities, the organization always upholds the principle of easy to start and the content is easy, also provide a rehabilitation environment for the elderly.

Case 2: Yamagata Prefecture Cognitive Disorders Café. The café shop is open five days a week, except for public holidays, and mainly accepts telephone consultations and face-to-face

interviews. It is characterized by the ability to listen to the voice of the cognitive disorders for elderly and their families, and to contact various medical care resources. Through the café, seniors with cognitive disorders are protected by care insurance services and the adult guardianship system. The café is also connected to 'the Cognitive Disease Medical Center', which provides consultation and support for progeria. For the elderly with cognitive disorders, the café allows them to relax and live freely in a familiar environment, and they can alleviate their illness, consult all kinds of difficult problems. At the café, family members can learn how to take care of the elderly with cognitive disorders and get a chance to take a break.

3.5. Current Shortcomings of the Japanese System of Care for the Elderly with Cognitive Disorders

Although Japan is a leader in the direction of cognitive elderly care, there still exist unresolved problems. In Japan, there is a lack of relevant effective laws to ensure the effective operation of nursing institutions and to protect the elder people with cognitive disorders with their families. Currently, relevant laws in Japan are not very effective, and it depends mainly on the relationship between the elderly and their families and institutions to make up for these problems in practice.

3.6. The Significance of Learning from the Japanese Cognitive Care System

With the continuous development of the country and society, the aging problem appears gradually in our country, but the phenomenon of aging appears too early, the industry and society have not made sufficient preparations, so there is a lag in solving the aging problem. China and Japan belong to the same Confucian cultural circle in East Asia, and have many common points in the form and ideology of senior care. Although there are still obvious differences between the two countries in the field of senior care, there is still some significance for them to learn from each other, and with reference to the Japanese Kamekichi Club, Yamagata Prefecture Cognitive Disorder Café, and the help of the interviews for the relevant persons in charge, We can analyze the relationship between the concept and facility design of Japanese pension institutions and their core competitiveness, and provide ideas to summarizing the design method and guideline of aging-friendly facilities which is suitable for China's national conditions.

4. Conclusion and Prospect

Despite the results of China's seventh national census shows the middle-aged and elderly population aged 60 and above in China reached 264 million, accounting for about 18.70% of the total population of the country, it is expected to over through 400 million in 2032 and 500 million in 2048, and the population aging will continue exists in the 21st century. What's more, in the process, the group of elderly people with cognitive disorders is also expanding. In the Caregiving Report released by the China Association of the Aging, we can see that the number of people with cognitive disorders in China is expected to reach 22.2 million in 2030, and increase to 28.98 million in 2050. Therefore, the question of which pension service model can bring more positive effects to the symptoms of this rapidly growing group of cognitively ill elderly has become the center of this study. In the process of this study, the author listed and summarized several major domestic and foreign elderly service models on the effectiveness of the elderly with cognitive disorders and analyzed them longitudinally, also combined with the aging cloud survey interviews, which is more representative and referenceable. Moreover, the national's policy is supportive and encouraging to carry out "the construction of dementia and disability protection system". Therefore, The author believe that in the future we will be able to overcome the difficulties encountered in the communication between the domestic elderly service model and the elderly with cognitive disorders, and "add more bricks" to improve the

care of the elderly with cognitive disorders and the elderly service model, then "go to the next level" !

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