

Introductory Manual for Working Holiday Staff Working In Wings Corporation

Foreword

This manual is intended as an aid for foreign staff coming to work in a Wing daycentre. Although it is possible to learn the job with little or no Japanese ability to start off with, it is hoped that this manual will help new staff to get used to the job more quickly. After reading this manual you should have a better idea of what goes on inside the unit, and take in more quickly by observation and instruction how more experienced staff go about the job.

Introduction- Who are WING, and What Do We Do

“That the disabled, especially those with multiple disabilities, may go freely to places they want to go, live how they wish to live, exist autonomously and independently in their local society. To contribute to the construction of an age and generation where such a life is possible. What are the methods for this, what steps should we take? We continue our activities whilst seeking this path, always keeping a close watch on what is going on, not forgetting our ideals, neither becoming too idealistic.”

Founding Purpose of WING, from Website

WING is a not-for-profit, partly government-funded organisation based in the city of Osaka which has been in operation since the early-1990s. The company name is an acronym, meaning “Way Into the Next Generation.” We are a group of daycentres offering both daytime and night-time support and respite care for adults with multiple disabilities living in the city. WING is the parent association of the Yu-no-Yu group, which is in charge of one of the daycentres; the WING group also includes some three day service centre`s for bathing service users, and Many WING staff also work in the community as part of a 'home helper' service that the company provides.

Aims of Wing

- *To maintain service users current level of health and prevent deterioration.
- *To organise fun and informative daily activities and seasonal events for service users and give them an enjoyable life and social circle.
- *To identify the wants and needs of service users, and support them to achieve them where possible, reducing the impact of their disability on their everyday life.
- *To promote interaction and opportunities for interaction between our service users and other Osaka residents.

The main types of condition the service users have Cerebral Palsy

The term cerebral palsy refers to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination but don't worsen over time. Even though cerebral palsy affects muscle movement, it isn't caused by problems in the muscles or nerves. It is caused by abnormalities in parts of the brain that control muscle movements. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 years of age. The most common are a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); walking with one foot or leg dragging; walking on the toes, a crouched gait, or a "scissored" gait; and muscle tone that is either too stiff or too floppy. A small number of children have cerebral palsy as the result of brain damage in the first few months or years of life, brain infections such as bacterial meningitis or viral encephalitis, or head injury from a motor vehicle accident, a fall, or child abuse.

Muscular Dystrophy

The muscular dystrophies (MD) are a group of more than 30 genetic diseases characterized by progressive weakness and degeneration of the skeletal muscles that control movement. Some forms of MD are seen in infancy or childhood, while others may not appear until middle age or later. The disorders differ in terms of the distribution and extent of muscle weakness (some forms of MD also affect cardiac muscle), age of onset, rate of progression, and pattern of inheritance.

Duchenne MD is the most common form of MD and primarily affects boys. It is caused by the absence of dystrophin, a protein involved in maintaining the integrity of muscle. Onset is between 3 and 5 years and the disorder progresses rapidly. Most boys are unable to walk by age 12, and later need a respirator to breathe. Girls in these families have a 50 percent chance of inheriting and passing the defective gene to their children. Boys with **Becker MD** (very similar to but less severe than Duchenne MD) have faulty or not enough dystrophin.

Facioscapulohumeral MD usually begins in the teenage years. It causes progressive weakness in muscles of the face, arms, legs, and around the shoulders and chest. It progresses slowly and can vary in symptoms from mild to disabling.

Myotonic MD is the disorder's most common adult form and is typified by prolonged muscle spasms, cataracts, cardiac abnormalities, and endocrine disturbances. Individuals with myotonic MD have long, thin faces, drooping eyelids, and a swan-like neck.

Autism is a [disorder of neural development](#) characterized by impaired [social interaction](#) and [communication](#), and by restricted and repetitive behavior. These signs all begin before a child is three years old.^[1] Autism affects information processing in the [brain](#) by altering how nerve cells and their [synapses](#) connect and organize; how this occurs is not well understood.^[2] The two other [autism spectrum](#) disorders (ASD) are [Asperger syndrome](#), which lacks delays in cognitive development and language, and [PDD-NOS](#), diagnosed when full criteria for the other two disorders are not met.^[3]

Autism has a strong genetic basis, although the [genetics of autism](#) are complex and it is unclear whether ASD is explained more by rare [mutations](#), or by rare combinations of common genetic variants.^[4] In rare cases, autism is strongly associated with [agents that cause birth defects](#).^[5] [Controversies](#) surround other proposed environmental [causes](#), such as [heavy metals](#), [pesticides](#) or childhood [vaccines](#);^[6] the vaccine hypotheses are biologically implausible and lack convincing scientific evidence.^[7] The [prevalence](#) of autism is about 1–2 per 1,000 people; the prevalence of ASD is about 6 per 1,000, with about four times as many males as females. The number of people diagnosed with autism has increased dramatically since the 1980s, partly due to changes in diagnostic practice; the question of whether actual prevalence has increased is unresolved.^[8]

Parents usually notice signs in the first two years of their child's life.^[9] The signs usually develop gradually, but some autistic children first develop more normally and then [regress](#).^[10] Although early behavioral or cognitive intervention can help autistic children gain self-care, social, and communication skills, there is no known cure.^[9] Not many

children with autism live independently after reaching adulthood, though some become successful.^[11] An [autistic culture](#) has developed, with some individuals seeking a cure and others believing autism should be tolerated as a difference and not treated as a disorder.^[12]

Brief Introduction to Wings Units, Centre Activities and Events

Daycentre Yumehiko- situated in Tengachaya, Nishinari ward, this is the head office and first daycentre in the WING group to be founded, attended by a group of about twenty adults. Founded in April 1992.

*Daycentre Momo No Ie- Unit in Fukushima ward caring for a group of nearly thirty adults in their twenties. The second day centre in the WING group, founded in 1998.

*Kikansha- Facility in Miyakojima ward caring for about ten adults. Founded in 2002, it is the latest of the WING association daycentres, and is managed by the Yu-no-Yu group.

*Dayservice Loco-Loco- recycle shop in Sakuranomiya. This gives service users a chance to try shop activities, and a different setting from the daycentre that they attend. Loco Loco also has two bathrooms which can be used as and when needed.

*Mokumoku-A group home in Nishinari Ward for service users to prepare themselves for life in the community away from their carer`s, making meals and sleeping unattended.

*Tamariba- A “Free Space” for service users to enjoy mingling with children and seniors from the area in a leisurely fashion, with activities including film shows and parties.

How You Can Participate- Communication, Caring and Cultural Exchange

The disabilities of our clients largely prohibit them from travel overseas, and many of them have expressed the desire to meet and spend time with people from abroad. By inviting working holiday staff to work with us, we hope that the service users will benefit from a more varied living environment and the stimulus of hearing words in a foreign language. Working holiday staff will also have the opportunity to cook and give our clients a chance to sample cuisine from abroad. Working holiday staff share many of the

same duties as Japanese staff, helping service users at mealtimes, in the toilet, on trips out and at night when they sleep over.

Hints and tips

a.) If You Don't Know, Ask- in each WING daycentre there are a lot of established procedures to follow. On the one hand, working holiday staff are asked to observe Japanese staff when they first start, and learn by following their example. At the same time, it is difficult to take everything in when you first start working, so if you don't know how to do something, then ask a Japanese staff member or a more experienced working holiday staff member to show you. In addition, where the welfare of a service user is at stake be sure to consult with Japanese staff.

At first you may feel as if you have to ask every time you want to do something, but once you have learned the day centre's procedures, you will be able- and, indeed, required- to act with a lot more autonomy. This leads into the next point;

b.) Think on your feet: There are commonly a lot of things to be done at any given time- when you have a bit more knowledge of how things work in the unit, you will be expected to be on the lookout for work to do, and if you see something that needs doing, to do it without being directed to do so. Whilst you may be asked to assist in certain situations, such as a two-man lift of a service user, it is hoped that you be able to find work on your own initiative and keep busy.

c.) Prioritize- if there are a number of jobs to be done, try to pick the one which is the most important and begin with that. Also, never hesitate to stop whatever you are doing to go to the aid of a service user in trouble- try to remain aware and keep an eye on what is going on around you.

d.) Staff/ Service-user communication- Multiple disabilities often restrict a person's ability to socialise, but not necessarily their desire to do so. As daycentre staff, communication with service users is a primary goal. It can take a while to pick up a service user's individual physical and vocal cues, so it is good to observe their facial expressions closely when you speak to them. If possible, speak to them in Japanese, but even speaking in your mother tongue is positive, because they are often able to pick up on the tone of your voice and body language. If you are, for example, going to move a

service user or take their temperature, be sure to tell them clearly before you start, as sudden movements could cause them to be shocked.

Japanese Work Culture

Working holiday staff are brought in to the company to help facilitate cultural exchange, but in terms of working hours and commitment they are asked to conform to Japanese work patterns.

*_Punctuality: Lateness is frowned upon, and may result in a deduction from wages. Staff are requested to look into times for train, bus and other transport options so that they can arrive at work on time, or ten minutes early if possible.

*. Work to the end of the working day- A usual shift is 8.30 a.m. to 6.00 p.m. It is not seen as acceptable to stop work at 5.30 for a fifteen minute chat and a sit down- try to keep active until the final minute, even if you are just cleaning something.

*.Please attend the meeting`s every month they are very informative and give a current update on the service user`s state of health.

Medicine

Administering medicines most commonly takes place as part of a night shift after breakfast or after dinner, although some service users take medicines during the day, typically after lunch. Medicines are specific to each individual, so be sure that you know the right method before you attempt to give them out. Japanese staff will be happy to show you the correct method if you do not know, and don`t hesitate to ask for help if you encounter difficulty.

Hygiene Washing hands, gargling and masks

You are expected to wash your hands regularly to reduce the spread of bacteria, using warm water and soap. Then dry your hands and spray them with alcohol spray. When there is a risk of influenza and other infectious illnesses, staff are asked to gargle whenever they enter the unit from outside. Staff are also encouraged to wear surgical masks to reduce the risk of cross infection if there is influenza about or if they themselves are recovering from an illness. Influenza outbreaks are quite common in the W.I.N.G. corporation during winter so it`s important you follow this procedure to prevent any future outbreaks.



Jamie Sinclair (Australia)

“Always be conscious of what`s happening around you, and even if you can`t speak Japanese, don`t be shy, animated body language and gesture goes along way.”

Hazards

*If using sharp objects, such as a cooking knife, wash them and put them back in their proper place in the drawer or on the rack after use. Never leave them unattended in a place where a service user could hurt themselves on them. Carry scissors closed and with your hands around the blade rather than the handle to reduce the risk of stabbing injuries should you trip or bump into someone.

*Whenever stacking things, try to make sure that they are as secure as possible, and will not topple over.

*As you are moving around the unit from A to B, work out a path by which you will a.) not have to step over a service user and b.) you will not tread on one of them. Clients with more mobility may move suddenly, so make sure your path is clear before you move, and be ready to react. Having an idea of how to move around safely becomes particularly important when lifting a service user in a two man hold.

*Protect service users from each other. Clients often have poor spatial awareness, although they may have mobility. If one tries to crawl across another's chest or face it could result in injury, so it is important to guide those who are less aware and prevent them from trampling on others. Likewise, some service users may bite or scratch, not necessarily because of violent intent, but perhaps as a reflexive action. If you think there might be a danger of one service user scratching another, then try to separate them a little.

* Hot food- at mealtimes, it is best to allow food to cool down before giving it to the service users- they may not be able to tell you or show you themselves if they are burning their mouths on it.

Vital sign Check

Service users' temperature, pulse and "SpO2", ie blood oxygen saturation level, are checked when they first enter the daycentre in the morning. Before being measured, they will have a drink of cool "O-cha"- Japanese tea- to help cool them down. Electronic thermometers are used for temperature, and both pulse and SpO2 are measured at the same time with a "finger-clip" type measuring device.

Average vital signs vary from person to person, but in general service users can be considered healthy if their temperature is 36.0-36.9 degrees Celsius. SpO2 should be between 96%-99%, and pulse at 50-100. After taking a service user's vital signs they are recorded in a log book.

When taking a reading, it may be necessary to wait for some time for the device to give an accurate value- the number it gives in the first ten seconds is occasionally wildly high or low. In the first two or three minutes you will often get a more stable reading, which you can then write in the log. If the reading is still outside the ideal values given above, notify a Japanese member of staff straight away- they are likely to have more detailed knowledge about the service user, e.g. they will know if a service user's vital signs are naturally different, or if they may be due to a recent illness, or perhaps feeling tension, and be able to direct you accordingly, or take over if necessary. You can also check back through the log yourself to see what the service user's vital signs were in the past- you may notice if there is a trend to towards vital signs being outside the normal range. At the same time, if there is no good reason for vital signs to be low or high, then it is best to record the low value in the log with an arrow after it to show that this is not the final measurement, and consider taking appropriate action as follows;

Low SpO2- this can be the result of the service user being in a position that restricts their breathing, e.g., lying on their front instead of their back, or being curled up so that their rib cage is compressed. Try to move them so that they can breathe more freely before measuring again. It is best to tell them beforehand that you are going to help them change their position, and why.

"SpO2 ga hikui dakara, chotto shisei o kawarimasu" - Your SpO2 is low, so I'm just going to change your position a little.

Cold hands can also be a factor in low SpO₂. You can warm the service user's hands by holding them or gently rubbing them with your own before measuring again. Additionally, it is also possible for the skin on the service user's finger to be too thick for the device to give a reading... in which case, it is possible to try other fingers, or even to take a reading from the big toe.

Low SpO₂ values are quite common, and sometimes it is just a matter of waiting some more for the device- it may take five to ten minutes- and occasionally more- for it to register the desired value. Be patient.

Meanwhile, high SpO₂, ie, an SpO₂ value of 100, can normally be attributed to a temporary glitch in the measuring device. At the same time, if you are getting continued readings outside the normal range, it is time to notify the Japanese staff again- if there is cause for real concern they can then take over.

High temperature- the usual response is to give the service user another drink of o-cha. If the temperature is very high it may be necessary to stir some ice into the o-cha. After they have finished their drink, wait a few minutes and measure again. If their temperature has still not gone down, you can give them another cup before measuring again. Also note, however, that clothing can be a factor in body temperature, and it can also be effective to loosen their clothes a little, or remove extra layers of clothing. If you do give a third cup and their temperature has still not gone down, it is best to change tactic.

Some service users meanwhile may have difficulty drinking o-cha, or simply not be fond of it. Another tactic is to cool them with a hand held fan, or 'uchiwa' for a few minutes before measuring the temperature again.

Low temperatures seem to be less common, but you can give the service user an extra blanket and/or warm their hands with your own. Hot drinks are not usually given out however.

When temperatures are high or low, it is best to show the thermometer itself to the Japanese staff, and to tell them what action you have taken so far. Their first impulse may well be to ask you to give more o-cha, but this may not be appropriate if you have already done so.

High/low pulse- pulse in particular seems to fluctuate almost by the second. It is possible to warm the service user's hands and change their position as with for SpO2, but the main thing is to let the Japanese staff know. A high pulse can be caused by excitement, and this is where communication can come into to play, just talking to the service user to calm them down, saying their name and soothing words. For low pulse, you can try to encourage the service user to move around, or move them yourself. However, SpO2 can also be taken into account when reading a low pulse- if the SpO2 is okay, then a low pulse may not be a problem, but if SpO2 is low too, this is cause for concern.

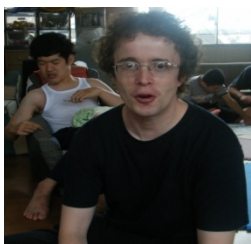
Useful phrases

“(Okayama) san no (SpO2/netsu/palsu) ga shinpai desu” - I'm concerned about (Okayama)'s (SpO2/ temperature/ pulse)

“Doh sureba ii desho ka?” - What should I do?

“Doh sureba ii ka wakarimasen.”- I don't know what to do.

Dining



Jakob Nielson (Denmark)

“Be attentive to the service users and try to learn their different patterns of eating, so it becomes easier for you and them, and then just enjoy the good food.”

Preparation for meals

When sleeping over in the daycentre, as a matter of course service users will eat all three main meals there, but to start off with, the first meal a staff member will support them with will be the midday meal. This will commonly begin between 12.00 p.m. and 12.30 p.m., with preparation for the meal beginning at around 11.30. All service users use the toilet, and are then assisted to their usual seat. This varies from person to person, but will most typically be either in a soft 'relax' chair, the service user's own wheel chair, or sat on the floor at a low table. Some eat lying down, but this is usually only if their bodies are too inflexible to sit. Sitting up has the advantage of making it easier to clear the airway and reduce instances of choking. If the service user has an apron or bib, then it should be put on for them, and any cutlery to be used in the meal needs to be set out. Note that it is best

to put the bag the apron came out of in plain sight either on the table that the service user is eating at or on their chair so that it is easy to clear up after the meal. Most usually this will be a spoon, although some are able to use chopsticks, and a plastic beaker. Their food will come on a tray or in a bowl, and when everyone has their meal in front of them, there is some traditional Japanese salutations that are said- “Gassho”, which means “hands together”, followed by “Itadakimasu”, or “we receive”- before beginning the meal.

Eating Together

At WING units, staff and service users eat together at the same time. Because the majority must be assisted at meal times, there is no opportunity for staff to leave the daycentre to eat separately, but despite the number of challenges that meal times present, they are also an excellent opportunity to bond with the service users. Try to talk to them whilst you are eating with them, and to learn their eating habits.

When eating together with a service user it is important to work out to what extent they are able to feed themselves- whether they can grasp their own spoon or not, to what extent they are able to chew their own food, if they can grasp their own cup or not, or if they prefer to drink through a straw. Some may need their food cutting up small, others may need it liquidizing. If the food is dry, then some may have a problem swallowing it- this occurs not uncommonly with white rice. If it appears that the food is too dry, then it is possible to moisten it by pouring a little tea on it from the service user's cup. It is also possible to cut up the food even smaller with scissors, and to slow down how much you are giving them. Try not to put more food in their mouths than they can chew and swallow at any one time- a good rule of thumb is to take a bite of your own meal before giving them another spoonful to give them time to eat what they have in their mouths. If there are several different dishes, it can be nice to give them a little of each at a time, and some like to have occasional sips of o-cha in between mouthfuls to help them wash the food down. Others will drink all their o-cha at the end of the meal. Seek guidance from more experienced staff on how best to eat with particular service users if you are unsure, but also, as far as possible, ask the service user themselves about how they prefer to eat, and how they want to eat their meal.

If the service user you are eating with begins to choke on their food, then you should stop feeding them first of all. Try to work out what is happening- they may clear the blockage themselves before it is necessary to do anything, but if they continue to cough, then a

basic response is to lift them up from behind, straightening the back and helping to clear the airway, while lightly patting or rubbing their chest.

Sometimes a service user may stop eating the food that is offered them. It may be the case that they are simply full, and will not eat any more. It may also be that they want a drink; if they refuse this too, then they may want a break. Give them a rest, and come back and try again after five or ten minutes. Some service users prefer to have their food warm, which can be another reason that they stop eating- in this case you can try heating it up in the microwave, but also beware that the food that you give them is not so hot as to burn their mouths. Try to learn the vocal and facial cues that a service user communicates with, and then you will be able to ask them directly and work out what they want.

Often mealtimes can be quite messy. Try to have some tissues handy to clean up spills. If they are spilling a lot, then you can just reduce the amount of food or drink that you are giving them. In most cases, there is no harm in taking the midday meal slowly, although at breakfast it is good to have finished before the other service users begin to arrive. In the evening meal, the only real time concern is in making sure everything is finished before it is time to go to bed.

Cleaning Up and Oral Hygiene

After the meal is finished, any leftover food should be disposed of in a separate plastic bag- there is usually one used for all leftovers, it is called the 'zan-pan-bukuro'. When the meal is over, this is tied up and put in the main rubbish bin, the idea behind this is to reduce food odours. Cutlery, plates and lunch boxes, etc, go in the sink, there is no need to wash each set individually. Be aware that anyone can volunteer to do the washing up, but you should first make sure that you have brushed the teeth of the service user you were eating with and put their apron away. It is best to ask what to do with the apron or bib, as procedure can vary from person to person according to the wishes of the parents or whether the service user is sleeping over in the unit or not- for example, a particular service user may have a separate bag for used aprons and another bag with clean aprons in it, so that the apron bag itself never has a dirty apron in it.

When cleaning teeth, it is necessary to get the service user's own toothbrush, and a cup filled with water. In the Momo daycentre, service users have their own cups provided by their families, whereas in the Yumehiko daycentre, cups are communal. If you are unable

to read the Japanese characters for the service user's names, then you can ask other staff to show you whose toothbrush/cup is whose. Usually service users do not use toothpaste, as it is difficult for them to spit it out, and when swallowed it can be harmful. Therefore, the main aim of brushing their teeth is to make sure that there are no small pieces of food left stuck between their teeth or behind the gums that may lead to cavities later on. Put some water in the cup before you begin, and put a surgical glove on the hand opposite to the one you hold the toothbrush in. Look into their mouth as you brush to see if you have left anything. It is permissible to use the gloved hand to move their lips lightly if necessary to better brush the food trapped between the teeth away. Once you have finished, throw the glove away, and return the cup and toothbrush to the place you got them from after giving them a light rinse.

Last of all, think about wiping their mouth over with a wet cloth. Some service users have this done for them as a matter of course with their apron after the bits of food have been shaken off it into the sink, for others you can do it with tissue if you think they need it.

“Ha o migakimasho”- Let's clean our teeth.

Bath



Kang Minjae (South Korea)

“The service users love going in the bath, and very quickly make friends with whoever they go in with.”

Bath days

There are set days in each unit for bathing- In Yumehiko, the main bath days for male service users are Tuesday and Friday, with smaller numbers entering the bath on Mondays and Fridays. For female service users, the main bath days are Monday and Friday, with smaller numbers entering the bath on Wednesday.

In Momo, the main bath days for both male and female service users are Monday, Thursday and Saturday, but bathing may also take place on any other days of the week according to circumstance.

In Kikansha, the main bath days for male service users are Monday and Wednesday. For female service users, bath days are Tuesday and Thursday.

Preparing for the bath

Check to see if there are rubber anti-slip mats being used in the bath. If these are of the suction cup variety, then they should be applied to the bottom of the bath firmly before running the bathwater, or the suction cups will not hold as they should.

The service users whose turn it is to bathe will have brought with them a bath kit, known as their 'o-furo setto'. These should be assembled outside the bath to be used before bathing. The bath kit should contain a small towel and two large towels. The small towel is for washing their body in the bath room, whilst the two large ones will be for drying.

Outside the bathroom, before bathing takes place, a large waterproof silver sheet is laid down. On top of this goes a rectangular foam sheet, and a single towel from the day centre's stock goes on top of this. Of the two large towels in the service user's bath kit, one is laid on top of the daycentre towel, which the service user them self will lay upon after bathing, and the other is to dry their body with.

The o-furo set may also contain other items such as an extra nappy or a spare change of clothes.

Alongside this “drying pad” it is usual to lay one or two futon mattresses- if there are several people taking a bath one after another, then they may lie on the futons as they are waiting, or move up onto the futon after they have bathed to change their clothes. There should also be a large empty plastic bag, such as an empty nappy bag, put to hand before you begin- this is as a temporary holder for dirty nappies until bath time is finished. It is

also useful to have a hairdryer plugged in before you start, so it is ready to use immediately.

The daycentre provides a stock of clothes for staff working in the bath to wear- usually there will be a selection of swimming trunks, costumes and T-shirts to choose between.

Bathing and Safety inside the bath

At first, new employees should concentrate on observing more experienced staff working in the bathroom and supporting them where possible. Furthermore, to ensure that the company has legal cover in the event of an accident, there should be a Japanese member of staff present at all times. In practice, when working holiday staff have more experience, they may be trusted for relatively short periods alone in the bathroom with a service user, but it can take several months to reach this level of aptitude.

A major hazard in the bath is slipping whilst carrying a service user into the bathroom, and when entering or leaving the bath. When moving around the bathroom, do so no faster than is necessary, and be careful where you step.

In accordance with Japanese bathing custom, the body is showered first, and then the bath is entered for relaxation purposes. If there are two or more staff working together, then it is possible to wash hair, face and body at the same time, but if showering a service user alone, it is often suitable to wash the body in the following order: shampoo the hair; rinse with shower head; condition the hair; rinse with shower head; wash the face with face wash; wipe off soap with body towel; wash the whole body, fingers toes, limbs torso front and back and finally the groin and bottom. The reason for washing the face before the body is that if the service user's body towel is soapy from washing the body by the time you get to the face, then the danger of getting soap in their eyes is increased- also the body towel will be considered 'unclean' once it has been used to wash the genitals. If the order gets mixed up, you can rinse the towel after washing the body before using it to wipe the face, but this is second best.

When showering the body, check the temperature of the water coming out of the shower head constantly by holding one hand against the spray before it touches the service user's body. It is not unknown for there to be fluctuations in the thermostat, which can lead to the warm water suddenly becoming extremely hot or cold. You need to be able to react

immediately in this eventuality by averting the spray. It is also necessary to be aware that their disability may make them more sensitive than you to changes in temperature. The reason for showering their fingers and toes first before moving on to their limbs and torso is to reduce any shock or surprise they may feel as a result of the temperature change.

Service users who are able to hold themselves upright may bathe unsupported in the bath so long as they are being observed; if they are unable to do so, then a member of staff must enter the bath with them. Again, it is important to learn each service user's individual needs, and what the most comfortable posture for them in the bath is, but in general, try to make sure that their head does not submerge to the extent that water enters their eyes, nose, mouth or ears.

There is no strict rule for how long service users are to bathe, time spent in the bath generally varies according to how many people there are in the queue for the bath. Once bathing is finished however, note that many service users are vulnerable to catching cold, particularly in the winter months, so it is important to dry them and get them dressed as quickly as possible.

After all the service users have bathed, staff who have worked inside the bath and need to do so can shower. The last one to shower should also clean out the bath, and if there is no further bathing to be done that day, then they should wash the mats on both sides and put them up so that they will dry.

All unit towels and bath clothing goes in the washing machine, and the bag of nappies is taken to the toilet to be disposed of in the nappy bin.

“O-furo ni hairimasu”- To have a bath.

Night shift



Jerome Ally (France)

“Be ready to wake up at any time, be prepared, don` t sleep too heavily, because you never know.”

Staff on the night shift, or “tomari”, are on duty from the end of one working day until the start of the next. There should be one staff for every two service users, a higher staff to service user ratio than most day shifts. Once the daycentre has been cleaned, there is time

to relax and play or watch television together with the service users until it is time to prepare for the evening meal- this is cooked by daycentre staff, and paid for by dividing the cost of ingredients amongst everyone who partakes. Whilst the cooking is underway, the service users are once again taken to the toilet and then put into their usual seats ready for the meal, in much the same manner as lunchtime. Bedtime is not set, but it is usually around 10.00-10.30. Staff will be expected to wake up at around 6.30 so that toileting and breakfast can be finished ready for 9.00.

Sleeping arrangements

It is usual for everyone to sleep on futon mattresses arranged on the unit floor in such a way that every service user will be within sight of at least one other staff member, and so that service users are not far from staff. Men and women sleep in separate rooms. Before sleeping, make sure that the clothes that the service users will wear the following day are set out ready, as well as the nappies ready for the morning nappy change. After the final nappy change before bed, service users usually change into their night clothes.

During the night, staff are expected to wake up periodically and look around them to see whether the service users they are next to are well. If the service user has shaken off their blanket, then you can simply replace it, but if they appear to be in trouble, such as choking or having a fit, then it is your duty to wake other staff and respond to the problem. It takes a little time to get into the pattern of waking up frequently, but it can be acquired relatively soon after the first few night shifts.

Morning and Breakfast.

The first service users from outside the unit tend to arrive by bus at 9.00 a.m. although they may also arrive up to half an hour earlier than that on occasion. Service users who have slept over in the unit will usually be woken up at 6.30 so that there is time before the others arrive to clear away all the futons, change their nappies and clothes, cook and eat breakfast, and clear up after breakfast. Staff may wish to wake up at about 6.00 a.m. so that they have time to change clothes and have something to drink before work begins.

The day after a night shift



Delphine Arhel (France)

“It`s not that difficult to get used to the work here, it`s just tiring, it takes about three months to settle in.”

6.00a.m.-6.30 a.m. Night Shift Staff wake up

6.30 a.m. Night shift service users woken up if not already awake. Nappies changed, day clothes put on, breakfast prepared and eaten.

8.30 a.m.- day shift have all arrived. Toilets and bath are cleaned. Breakfast finished, and breakfast things are tidied away. Night shift service users can have their vital signs checked after breakfast is finished.

-Glove stocks checked and replaced if necessary. The 'shimo' towel heater is checked and filled. (Hot towels tend to be used up quite quickly, so it is good to check the heater regularly, restocking if necessary). Bin bags taken out for collection on appropriate days. Bottles of shampoo and conditioner are checked and refilled if necessary, as are bottles of hand soap by the sinks.

9.00 a.m.-First service users arrive- some will need their nappies changing immediately, others can wait until before lunch. Once they have arrived, their bag is to go in their own shelf if they have one, or on the communal shelf otherwise. Staff should look in their bag, find their communication booklet (renrakucho), and put it in the renrakucho box ready for the morning meeting. They should also check inside the bag to find if the service users have brought a packed lunch; if so they can take it out and put it with the rest on the shelf, and mark in the packed lunch book that they have one with a cross. If they do not have one, a circle goes around their name. One other item that can be removed at this point is the service user's o-furo setto, if they have brought one. This can be put next to the bath ready for bath time.

*On most days there will be a group order for food to an outside caterer or a cook will come into the daycentre to make food. Staff who wish to place an order for food should

notify Japanese staff or this.

-after arriving, each service user receives a drink of o-cha to help cool them down. After they have had their drink, their vital signs are checked and recorded in the log.

10.30 a.m.- once all service users have arrived, the morning meeting or “Asa no Kai” can begin. A register is called, there is a head count, and the most recent entry is read from each service user's 'renrakucho', or communication booklet.

10.30a.m. -11.00 a.m.- On bath days, first service users are gathered outside the bath, and bathing begins. For each bath in the unit, four or five service users can be bathed before lunch.

*After the Asa no Kai, the unit songs for the month may also be sung. These will be popular songs which have been decided on by a vote at the monthly service user's meeting. The same songs are usually played for a month. If staff are able, they are requested to learn the words and try to join in the singing. Staff who are not otherwise occupied should sit together with a service user during this time.

11.30 a.m.-12.00 p.m. - All service users are assisted to use the toilet or have their nappy changed before lunch, and lunch things are set out.

12.00 p.m.-12.30 p.m. Lunch begins. Before eating, 'Gassho' and 'Itadakimasu' are said, then everyone begins.

1.30 p.m.-2.00 p.m. Lunch ends.

1.30 p.m. -3.00 p.m. Afternoon activities. This may include watching a film, doing art, singing the unit songs, playing a game, cooking, or a seasonal activity, such as making cards for Valentine's day. There may also be 'relaxation time', where aromatic candles are lit, relaxing music is played, and everyone kicks back on a futon. Sometimes meetings are held to plan future activities or trips out, there may be a birthday party, or if there is nothing to do, perhaps everyone will just hang out and staff and service users can enjoy chatting together.

*On bath days, anyone who has not bathed in the morning may do so in the afternoon.

3.00 p.m. - Another round of nappy changing, followed by snacks- “o-yatsu”- and another drink of o-cha.

4.00 p.m. - 5.00 p.m. Service users not sleeping over return home, usually by contract bus.

5.00 p.m. - Cleaning of the unit begins- all the service users are moved out of the room to be vacuumed. And the staff not cleaning stay with the service users and chat with them. Once one room has been cleaned, the service users will be moved into it so that the other room can be cleaned.

On a Saturday, cleaning will also involve the filters in the air conditioners, dusting, and in some rooms all the mats will be taken up, and the floor underneath them vacuumed.

5.30 p.m. -6.00 p.m. The unit's television is brought out.

6.00 p.m. - Day shift ends and Night shift begins.

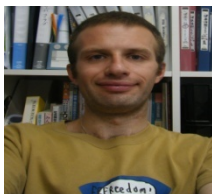
6.30 p.m. - 7.00 p.m. Preparations for the meal begin, and service users are assisted to the toilet.

7.00 p.m. -8.00 p.m. Evening meal.

9.00 p.m. -10.00 p.m. Preparations for sleep- Futons brought out, and arranged, nappies changed, night clothes put on.

10.30- Lights out. Staff will continue to wake up throughout the night to check on the service users to make sure they are okay.

Useful words



Daniel Marks (England)

“You can probably get by okay without too much Japanese, but it's good to learn the basics

at least. I think the better you can communicate, the more capable you can get into the work.”

Final word



Ha Suson (South Korea)

“The years really gone quickly, I found everyone here at Momo has there own charm, they`re just lovely people, and I will never forget the memories I have of the time I have spent with everybody.”

Don't forget that working in a WING's unit means making friends and communicating with both service users and staff. Getting to know everyone, learning and remembering names and being positive is a really important part of the job too, so do your best, and we're sure you'll fit in no time. We hope you will enjoy your time here, and keep in touch after you've finished your working holiday... your letter or postcard can really help to make everyone's day!

Summary

In the information you have just read it gives you a detailed description on !!How To!! Do everything in the W.I.N.G. corporations.

I have written a short summary about each catorgorie of the previous information on !!Why We!! Do and provide those services.

Vital check

Their vitals are checked to make sure their status of health is in a stable condition for that day. If there`s any abnormalities in there vitals we can prevent something more serious from happening.

Food

For many of the service users, they are not able to perform usual activities independently.(e.g.) Sports, hobbies. So for obvious reasons food can be the most satisfying thing in their lives. Smell, taste and texture can be enlightening for everyone,

but even more so for a service user because they are at a lesser advantage they have fewer things in life.

Things to check when taking the service users to the toilet

How much did they poo that day?

How much did they urinate that day?

What color is there urine?

Check to see if there is a rash developing?

The following things are checked to determine whether they are constipated

Or if they have diarrhoea, or if there is anything abnormal developing.

Lifting

The service users bones are weak and brittle, and can fracture easily. We need to take special care when lifting, to prevent injury not only to the service user, but ourselves as well.

Bathing

An important part of Japanese culture is to take a bath every evening. For many of the service users their parents aren't physically able to lift their children into the bath themselves. So W.I.N.G. provides a bathing service. They only take a bath twice a week, So we need to make this time as enjoyable as possible for them.

Hygiene

Influenza can spread rapidly throughout Japan, Due to the vast amount of people within close contact of each other. Practicing safe hygiene, like washing your hands frequently, gargling and often wearing a face mask has become a custom in Japan. As a forienger we need to conform to these practices to protect the service users and our ourselves from being exsposed to any harmful viruses.

A sleep over

W.I.N.G. provides a sleep over for a number of reasons. Some of the reasons are; to give

the service users a sense of being independent, to be able to leave home without being under the supervision of their parents, which in effect can build confidence. Also it can give their parents a break from providing 24 hour care for their children. Which I,m sure can be physically and mentally exhausting. That`s just a short summary of why W.I.N.G. provides a sleep over for the service users