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CHILD GUIDANCE CENTRES IN JAPAN: REGIONAL VARIATION
IN POLICY IMPLEMENTATION AND THE FAMILY-BOND

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Table of Contents

Abstract.....	iii
List of Tables.....	iv
List of Figures	vi
List of Abbreviations and Technical Terms	x
Abridged List of Legislation.....	xii
Acknowledgements	xiii
Chapter One.	
Introduction	1
Chapter Two.	
Literature Review.....	64
Chapter Three.	
Research Methods	104
Chapter Four.	
The context of policy implementation: Organisations and authority	137
Chapter Five.	
The context of policy implementation: The caseworkers' values on the family-bond	205
Chapter Six.	
The impact of regional variation of resources on policy implementation	247
Chapter Seven.	
The impact of regional variation of norms on policy implementation	282
Chapter Eight.	
The impact of regional variation of organisational culture on policy implementation	323

Chapter Nine.	
Conclusion.....	344
Appendices	
1. The foster care rate by local authority. 2004, 2014, 2004 to 2014:	362
2. Progression to tertiary education by local authority and regional bloc. 2010, 2011, 2010-11	363
3. Consent form for interviews.....	365
4. Staff to child ratio in institutions.....	367
5. Parental financial responsibility for children in care	368
6. Additional information on the ‘acclimatisation’ process	369
7. The foster care rate and institutional capacity, relative to the child population under 15 years old. By local authority, 2014	371
8. The foster care rate and number of foster parents, relative to the child population under 15 years old. By local authority, 2014	372
9. The foster care rate and child guidance centre foster care staff. Absolute and relative to child population, under 15 years old. By local authority, 2014.....	373
10. Email response from the Japanese Red Cross on BIWIs.....	375
Reference List	377

Abstract

In contemporary Japan, approximately 85 per cent of children in alternative care are placed in large institutions. This contrasts with global discourse, encapsulated in the UN Guidelines for the Alternative Care of Children, and with practice in most OECD countries, which use foster care more extensively. Explanations for Japan's outlier status often focus on a homogenous national culture, yet there is significant regional variation between local authorities in how policy is implemented, most readily visible in the percentage of children in foster care.

The title of this dissertation points to the three original contributions to knowledge of this work. The first is the rich ethnographic description of the child guidance centres and the decision-making process by which a child is removed from the family and placed into care. The second contribution is the explanation of regional variation in policy implementation. This is explained with reference to regional variation in resources, in norms, on the goals of care, the functions of different types of care, and the threshold until which a child is seen as being suitable for foster care, and in the organisational cultures of the child guidance centres.

The final contribution to knowledge is the construction of the family-bond, between child and 'parent'. This is understood as singular and discrete, that is, that a child can only have one family-bond at any moment in time. Where foster care is constructed as anything other than professional or semi-professional care in a family setting it is seen as a threat to the child's family-bond with their natal parent. This dissertation argues that current attempts to increase the use of foster care by national and local authorities are likely to have limited impact unless they take this construction of the family-bond into account and focus on redefining the function of foster care.

300 words

List of Tables

Chapter 1

Table 1: Alternative care.....	8
Table 2: Adoption. 2008-2012.....	9
Table 3: The capacity of welfare institutions.....	15
Table 4: The style and size of child welfare institutions.....	16
Table 5: Calculating Japan's foster care rate.....	29
Table 6: The foster care rate. 1955-2014.....	33
Table 7: The local authorities with the largest increase in their foster care rate. 2004-2014	37

Chapter 3

Table 8: Organising data.....	120
Table 9: Categorising cases.....	121
Table 10: Axial codes for the 48 'full' cases (NVivo).....	126
Table 11: Stage II. The characteristics of the 210 meetings.....	127
Table 12: Stage II. The number of different types of case by fieldwork site.....	128
Table 13: Stage II. Coding matrices.....	129

Chapter 4

Table 14: Costs of alternative care.....	155
Table 15: Private and public institutional care provision.....	160
Table 16: Foster care caseworkers and foster care promotion staff.....	162
Table 17: Classifications of consultations.....	171
Table 18: Organisational structure of a 'standard' child guidance centre.....	172
Table 19: Types of child guidance centre jobs.....	178
Table 20: The use of Article 28 of the Child Welfare Act. 2003-2015.....	195

Table 21: The suspension of parental rights, the cutting of the parental right to manage assets, and the cutting of parental rights. 2003-2015.....	196
---	-----

Table 22: Result of appeal by applicant. 2012-2015	197
--	-----

Chapter 5

Table 23: Adoption statistics. 1955-2004.....	240
---	-----

Chapter 6

Table 24: The capacity of care providers, relative to child population. Teru, Irifune, Japan	253
--	-----

Table 25: The number of foster care caseworkers and promotion workers, relative to child population. Teru, Irifune, Japan, 2014.....	272
--	-----

Table 26: Outsourcing foster care services. March 2011	274
--	-----

Table 27: The number of specialist counsellors for foster care, relative to child population. Teru, Irifune, Japan.....	275
---	-----

List of Figures

Chapter 1

Figure 1: Japan’s foster care rate in context.....	4
Figure 2: A large- and small-style child welfare institution.....	18
Figure 3: The feel of a child welfare institution (I).....	19
Figure 4: The feel of a child welfare institution (II).....	20
Figure 5: ‘Residential care’ or ‘Institutional care’?.....	21
Figure 6: 2029 target foster care rates.....	23
Figure 7: 2029 targets for alternative care.....	24
Figure 8: Difference in foster care rates: 2015 to 2029 targets.....	25
Figure 9: An ‘orphanage’ in Osaka, 1951.....	30
Figure 10: The number of children in foster care. 1993-2014.....	31
Figure 11: The foster care rate and the percentage of foster parents with a placement. 1955-2014.....	34
Figure 12: The number of children in different care placements. 1955-2014.....	35
Figure 13: Regional variation in the rate of children entering care. 2011-2012.....	36
Figure 14: Mapping the change in the foster care rate. 2004-2014.....	38
Figure 15: The foster care rate of each local authority. 2013-2014.....	40
Figure 16: Mapping the foster care rate. 2014.....	41
Figure 17: Mapping the foster care rate. 2004.....	45

Chapter 2

Figure 18: Gilbert’s orientations of alternative care systems.....	71
--	----

Chapter 3

Figure 19: Research design.....	107
Figure 20: Research design and fieldwork sites.....	108

Figure 21: The trajectories of the foster care rates in my fieldwork sites. 2004-2005 to 2013-2014.....	109
Figure 22: Coding framework III for the 48 ‘full’ cases. Conceptualising the decision- making process.....	123
Figure 23: A model of decision-making for street-level bureaucrats	124
 Chapter 4	
Figure 24: Consultations on child abuse to child guidance centres. 1990-2014.....	139
Figure 25: The role of the foster care service agencies and the child guidance centres.....	145
Figure 26: The organisation of child protection	163
Figure 27: Abuse consultations in municipal offices and child guidance centres. 1990- 2014.....	164
Figure 28: Cases of abuse reported to the child guidance centres by police. 2007-2015....	167
Figure 29: Arrests for child abuse. 2007-2015.....	168
Figure 30: Children taken into protective custody by police. 2012-2015.....	169
Figure 31: The organisation of the Teru child guidance centre.....	173
Figure 32: The organisation of the Irifune child guidance centre	174
Figure 33: Who is eligible to be a caseworker?.....	179
Figure 34: Regional variation in child guidance centre training.....	182
Figure 35: Teru child guidance centre consultation flow.....	184
Figure 36: Irifune child guidance centre consultation flow	185
Figure 37: The role of the judiciary in the decision-making process	186
Figure 38: The role of the judiciary in facilitating parental engagement with the child guidance centres to prevent child abuse.....	188

Chapter 5

Figure 39: A unique genogram	220
Figure 40: Yuno abuse report form (printed, pre-completion).....	221
Figure 41: Two genograms: Yuno.....	222
Figure 42: Two genograms: Irifune.....	223
Figure 43: Four genograms: Teru.....	224
Figure 44: Age at time of placement into foster care or family home. Nationwide, in care on February 1 st 2013 (1)	242

Chapter 6

Figure 45: The relative size of Teru and Irifune	249
Figure 46: The relative population of Teru and Irifune.....	249
Figure 47: The capacity of BIWIs and CWIs, relative to child population, and the foster care rate. By local authority, 2014.....	254
Figure 48: The number of registered foster parents, relative to child population, and the foster care rate. By local authority, 2014	256
Figure 49: The relative rate of children in care. Teru, Irifune, Japan. 2011-2012.....	259
Figure 50: The rate of children in care, relative to child population, and the foster care rate. By local authority, 2011-2012.....	261
Figure 51: The child poverty rate (2012) and the total rate in care (2011). By prefecture..	263
Figure 52: The occupancy rate of BIWIs and CWIs and the foster care rate. Teru, Irifune, Japan, 1997-2013.....	264

Chapter 7

Figure 53: Age at time of placement into foster care or family home. Nationwide, in care on February 1 st 2013 (2).....	288
---	-----

Figure 54: Percentage of children of each age group, at time of placement, by care placement. Nationwide, in care February 1 st 2013. Excludes mother and child supported living institutions	289
Figure 55: Degree of contact with parents by placement type. Nationwide, in care February 1 st 2013.....	292
Figure 56: Presence of parents by care type (I). Nationwide, in care February 1 st 2013.....	294
Figure 57: Presence of parents by care type (II). Nationwide, in care February 1 st 2013 ...	295
Figure 58: Reason for leaving care by placement type. Nationwide, left care during 2012-2013.....	296
Figure 59: Placement duration by placement type. Nationwide, left care in 2012-2013.....	297
Figure 60: Marketing foster care. MHLW.....	301
Figure 61: Marketing foster care. Irifune 1	302
Figure 62: Marketing foster care. Irifune 2, 3, 4.....	303
Figure 63: Marketing foster care. Teru. Foster care.	304
Figure 64: Marketing foster care. Teru. Foster care with a view to adopt	305
Figure 65: Marketing foster care. Teru. Family homes	305
Figure 66: Inside a BIWI.....	310
Figure 67: An overview of the spectrum of alternative care	316

Chapter 8

Figure 68: A seating plan for an aid objectives meeting in Teru	330
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List of Abbreviations & Technical Terms

BIWI:	Baby and Infant Welfare Institution. Tasked with providing alternative care for babies and infants under two years old.
CGC:	Child Guidance Centre. CGCs are the local government office with responsibility for implementing policy on alternative care. This covers the decision on removing a child from their family / care provider and the decision on placement type, most commonly institutional care or foster care.
CSP:	Common Sense Parenting. A parenting course offered by some child guidance centres.
CSRSI:	Child Self-Reliance Support Institution. Tasked with providing alternative care for children at risk of becoming juvenile delinquents.
CUREC:	Central University Research Ethics Committee. The University of Oxford Research Ethics Committee.
CVV:	Children’s Views and Voices. A care-leaver group started by Midori Nakamura.
CWI:	Child Welfare Institution. Tasked with providing alternative care for infants and children aged between two and eighteen years old. This can be extended in exceptional circumstances to twenty years old.
FC:	Foster care. Tasked with providing alternative care in a family setting. There are three types of foster care – regular foster parents, with a subcategory of specialist foster parents, foster parents wishing to adopt, and kinship foster parents.
FH:	Family Home. Alternative care for up to six children provided by two ‘foster parents’ and an assistant, normally in a family setting. Categorised as foster care.
FICE:	International Association of Residential Care.
HRW:	Human Rights Watch.
ISPCAN:	International Society for the Prevention of Child Abuse and Neglect
JaSPCAN:	Japan Society for the Prevention of Child Abuse and Neglect

- MCWI: Mother and Child Welfare Institution. Alternative care institution wherein the mother and child live in a self-contained small apartment with staff primarily working to support the mother.
- MHLW: Ministry of Health, Labour, and Welfare. Responsible for alternative care.
- MHLW SC: MHLW Specialist Committee for the Promotion of Placements into Foster Care.
- NHK: Nippon Hōsō Kyōkai. Japan's national public broadcasting organisation.
- NPO: Non-Profit Organisation.
- SRAH: Self-Reliance Assistance Home. Tasked with providing alternative care for youths who have left school, normally at 15.
- STTIEDC: Short-Term Therapeutic Institution for Emotionally Disturbed Children. Tasked with providing alternative care for up to two years for children with emotional disturbances.
- TC: Temporary Care. An institution within child guidance centres tasked with providing protective custody for a child after they are removed from their family / care provider and prior to a formal placement into alternative care.
- UN: United Nations.
- UNCRC: United Nations Committee on the Rights of the Child
- UNICEF: United Nations International Children's Emergency Fund
- Zenshakyō: Japan National Council of Social Welfare

Note: Welfare Institutions are either publicly or privately run. Article 22 (1951) of the Social Welfare Service Law allows privately run welfare institutions, classified as *shakai fukushi hōjin*, to receive public funding provided the institution complies with government regulations (see Goodman, 2000: 50). This status exempts the institution from corporation and property tax, and tax on donations and gifts, as well as allowing them to access funds for building and administration costs. Public welfare institutions are run directly by the local authority.

Abridged List of Legislation

- 1947: Child Welfare Act
Family Registration Act
- 1948: Civil Code Amendment removing the legal status of the *ie*, the house
- 1987: MHLW Memorandum transferring authority from prefectural governors to local public bodies
- 1988: Introduction of ‘special’ adoption
- 1994: Ratification of UN Convention on the Rights of the Child
- 2000: Child Abuse Prevention Act
- 2002: Child Welfare Act Amendment introducing kinship foster care, specialist foster care, and respite foster care
- 2004: Child Welfare Act Amendment allowing cities other than designated cities to administer alternative care as a local authority.
- 2005: Child Welfare Act Amendment increasing the number of child guidance centre caseworkers
- 2007: Report on measures to improve the alternative care system
- 2008: Child Welfare Act Amendment introducing foster care with a view to adopt and family homes.
- 2010: Vision for Children and Childrearing
- 2011: Foster Care Guidelines
- 2011: Civil Code Revision allowing the suspension of all parental rights for up to two years
- 2011: Recognition of private foster care service providers
- 2012: Introduction of specialist counsellors for foster care support within welfare institutions
- 2016: Child Welfare Act Revision promoting foster care.
- 2017: The New Vision for Alternative Care (This was published after the submission of this doctorate)

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Chapter One. Introduction

1. Introduction

In all countries there are children who, whether due to abuse, bereavement, or other issues, cannot live with their parents. Care is either provided informally, by extended family or friends, or formally, by the alternative care system. Most OECD countries rely on family-based foster care, with residential care restricted to older children or those with complex needs.

Japan is an outlier here in two regards. First, with 19 children per 10,000 (calculated from the Ministry of Health, Labour, and Welfare (MHLW), 2016a), Japan takes half the number of children into care in comparison with the next lowest OECD country, Italy (Ainsworth and Thoburn, 2014: 18). Second, with around 85 per cent of these children entering baby and infant welfare institutions (BIWI), *nyūjiin*, or child welfare institutions (CWI), *jidōyōgoshisetsu*, Japan has the second highest institutional care rate of all OECD countries, behind Portugal (Carvalho et al., 2017).

The child guidance centres (CGCs), which make both the decision to remove the child from their family and on the placement type, lie at the heart of these puzzles. Yet the CGCs have remained closed (Saimura et al., 2007), with the few studies that exist being survey-based (Kashiwame et al., 1995; Saimura et al., 2000; 2004; 2010; Ushijima and Yukawa, 1975), or written by those ‘inside’ the CGCs. These are rare, but offer insight into the construction of foster care (Miyajima, 2001; Sadaka, 2007) and the role of the judiciary (Kubo, 2012; 2014). This thesis is the first ethnographic study of the CGCs.

This doctorate takes Japan’s low foster care rate, rather than the low rate of children entering care, as its launch point. There are four reasons why. The first is that while there is concern about the low rate of children entering care (Zenshakyō, 2008: 6), there is greater concern about the low foster care rate, both domestically (Human Rights Watch (HRW), 2014; MHLW SC, 2013a: 23; Society for Study of Adoption and Foster Placement of Children, 2010;

Tsuzaki, 2009) and internationally (United Nations Committee on the Rights of the Child (UN CRC), 1998; 2004; 2010).

The second reason is methodological: while the decision on placement type is made over several formal meetings (Kashiwame et al., 1995; Saimura et al., 2013; Ushijima and Yukawa, 1975), the decision to remove a child from their family often occurs during or even prior to the first meeting. Ethnographic research allowed me an insight into this shorter process, but this paled in comparison with the quality of data obtained on the placement decision.

The third reason is also methodological: it is hard to compare how local authorities identify and respond to abuse. A low rate of children entering care may reflect excellent preventative measures, a lack of detection mechanisms, or a belief that the state should not intervene in the family. Investigating this work, which is conducted on the telephone, with parents in interview rooms, or outside the CGC in emergency interventions, would have raised both safety and ethical concerns. The final reason is that investigating Japan's low foster care rate allows us to challenge ahistorical and essentialist cultural explanations of contemporary practice, outlined in Chapter Two.

This chapter is divided into four sections. The first explains the genesis of my interest; the second provides an overview of Japan's alternative care system, clarifies terminology and looks at variation in policy implementation; the third lays out the theoretical framework; and the fourth maps out this thesis.

2. Genesis

My interest in the Japanese alternative care stems from four years volunteering in CWIs and six months working with CWIs.¹ I had no experience of alternative care elsewhere and did not

¹ While in Japan I set up a volunteer organisation, Smile Kids Japan, which facilitated CWI volunteering in 25 prefectures. Following the 2011 Tohoku earthquake I moved to Tohoku to work with Living Dreams, supporting affected CWIs (see ITN, 2011; Maher King, 2011).

initially problematize the fact that one CWI I visited housed 159 children. However, after a nudge from Professor Tsuzaki I started to wonder why these babies and children were not in foster care, and why the institutions were so big.

I returned to university determined to understand Japan's foster care rate. During my work, I kept returning to an MHLW chart, shown in Figure 1.² This demonstrates not only Japan's outlier status, but also that some within the MHLW wanted to highlight this. The more I read, the more puzzled I became. OECD countries have long been de-institutionalising care (Colton and Hellinx, 1994; Gudbrandsson, 2004) a trend that is well supported (Cantwell et al., 2012; European Commission, 2013; European Expert Group on the Transition from Institutional to Community-Based Care, 2009; Everychild, 2011; Oswald, 2009; Save the Children, 2009; Stockholm Declaration, 2003; UN General Assembly, 2010; UNICEF, 2010; UNICEF and World Bank, 2003; World Health Organization, 2010).³ Moreover, there is a move away from large institutions to smaller specialist facilities (Madge, 1994).

Arguments for family-based care often reference the 1989 UN Convention on the Rights of the Child, which states that 'the child should grow up in a family environment' (United Nations General Assembly, 1989, Article 20; see Browne et al., 2006), or literature on the relationship between institutionalisation and development damage (see Barth, 2002; Bowlby, 1951; 1969; Browne, 2009; Browne et al., 2006; Goldfarb, 1945; Johnson et al., 2006; Nelson III et al., 2007). Other factors contributing to de-institutionalisation include external pressure (Ainsworth and Thoburn, 2014; Courtney et al., 2009), abuse scandals (Bullock and McSherry,

² The label 'Source' is used where I have replicated the figure or table from a source. The label 'Data source(s)' is used where I have created a figure or table referencing data sources. On some figures, such as Figure 20, axes are intentionally left without numbers to protect the anonymity of the research sites.

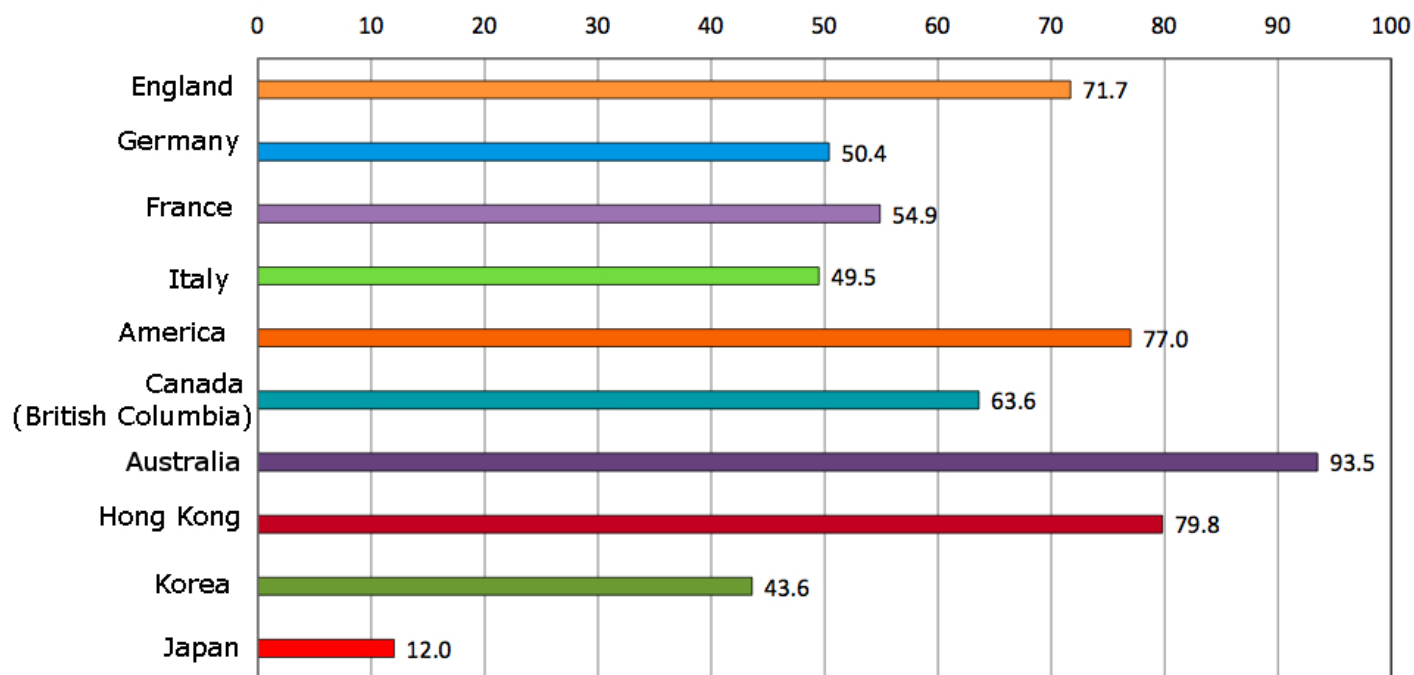
³ These arguments are not unchallenged: In Southern and Central Europe, residential care is not a 'last resort' (Kendrick et al., 2011: 88) and some argue that for some children residential care should be 'a placement of first choice' (The College of Social Work, 2012; see Ainsworth and Hansen, 2009; Bryderup, 2008; Peters, 2008; Sallnass, 2009; Social Work Services Inspectorate for Scotland, 1992; Malmo Declaration, 1986). As a caveat within a caveat, residential care is usually small and used for older children. For an overview of these debates see Knorth et al. (2008) and Courtney and Hughes-Heuring (2009).

Figure 1: Japan's foster care rate in context

(Reference) Foster care rates in other countries

○ As systems are different it is not possible to compare easily and directly. However, Japan's residential care to foster care rate of 9:1, in comparison with the foster care rate of over 50% (approximately) in the majority of major Western countries shows the high dependence on institutions in Japan.

The percentage of looked-after children in foster care in each country (data from before and after 2010)



※ The principal investigator of the study 'International comparative study of foster care rates in looked-after children' was Kaihara Hisayo of Tokyo Seitoku University's Faculty of Children. (Research as part of the 2011 Health Sciences Research study 'The characteristics of standard care packages of children in social style care: A study of treatment support mechanisms of the foster carers of abused children in private homes.' Source (translated): MHLW (2013). *Shakai-teki*

※ The Japanese foster care rate of 12.0% is from March 2011.

※ The concept of 'foster care' is understood differently in different countries

Source (translated): MHLW (2013). *Shakai-teki yōgo no genjō ni tsuite (sanka shiryō)*. 2013, March: 23

2009; Gilligan, 2009; Stein, 2006; 2014) and financial considerations (Ainsworth and Hansen, 2009; Browne, 2008; EuroChild, 2012; Tobis, 2000).

This global discourse is embodied in the 2010 UN Guidelines for the Alternative Care of Children. This calls for residential care to be limited to ‘specifically appropriate’ cases (Article 21) and states that ‘in accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family based settings’ (Article 22).⁴ So why, when Kasza argues that policy change in Japan has often been instigated to bring Japan into line with ‘accepted standards of modernity’ (2006: 166), has policy not changed here?

These concerns are not new: Ishii Juuji, a founding father of the CWI, argued for family-based alternative care in 1893 (Maus, 2006: 334), an argument repeated by the Welfare Ministry in 1954 (Kashiwame, 2010) and again in 1974 (Harada, 2013). Contemporary arguments focus on rights (HRW, 2014; Shirai, 2015; UN CRC, 1998; 2004; 2010), on the psychological, emotional, and developmental damage that institutionalisation can cause (Hennessy, 2013; HRW & The Nippon Foundation, 2014),⁵ and on the higher cost of institutions (Takeuchi, 2014).

So, why has de-institutionalisation not occurred? Does, as Tsuzaki argues, the configuration of alternative care represent a victory of vested interests over children’s interests (2006; 2009)? Having introduced my motivation, this chapter next provides an overview of alternative care.

⁴ Exceptions are permitted ‘in order to prevent the separation of siblings and in cases where the placement is of an emergency nature, or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome’ (UN General Assembly, 2010, Article 22).

⁵ The Nippon Foundation also translated summaries of the Bucharest Early Intervention Project (Nelson III et al., 2013) and sponsored Fox to be a keynote speaker at the 2014 International Society for the Prevention of Child Abuse and Neglect Conference (Fox, 2014).

3. Alternative care

3.1 Overview

The alternative care system is underpinned by the Constitution, the Civil Code, the Child Welfare Act, the Child Abuse Prevention Act, and the Children's Charter. The Constitution guarantees 'the provision of welfare to all Japanese citizens on an equal basis' (Goodman, 2000: 35). The Civil Code 'provides the basic rules for relationships between private individuals' (Harada, 2010: 220), including family relationships, parental authority, and the forfeiture of parental rights. The Child Welfare Act 'provides the general regulations on public child welfare services... [and] empowers prefectural governments and child guidance centres to take administrative action to meet the needs of children and their parents' (Harada, 2010: 220). The Child Abuse Prevention Act defines abuse and neglect and establishes national and local responsibilities. Finally, Article 2 of the Children's Charter states that 'those children not having homes shall be brought up in an environment having similar advantages' (Goodman, 2000: 35).

Administratively, the MHLW Children's and Family Bureau has 'jurisdiction over the whole system of child welfare in Japan. It is responsible for the overall planning and budget for child welfare as well as for supervising and offering guidance to local administrative organisations and child welfare institutions' (Goodman, 2000: 35). Within local authorities, the CGCs implement policy with guidance from the welfare division of the prefectural/city hall.

In 2014-2015 there were 46,229 children in alternative care. Table 1 (MHLW, 2016a), shows that 4,731 children were cared for in 3,644 foster care households, with a further 1,172 children in 257 'family homes'. 3,022 babies and infants were in 133 BIWIs, with 28,183 children in 601 CWIs (MHLW, 2016a). The remainder of the children were cared for in specialist welfare institutions, with 5,842 children (in 3,542 households) in 247 mother and child living support institutions, *boshi seikatsu shien shisetsu*, 1,524 children in 58 child self-reliance support institutions, *jidō shiritsu shien shisetsu*, 440 children in 118 self-reliance assistance homes, *jiritsu enjō hōmu*, and 1,314 children in 38 short-term therapeutic institutions for emotionally disturbed children,

jōshobōgaiji tanki chiryo shisetsu (MHLW, 2016a). Adoption plays a minimal role in Japan's alternative care system. From 2008 to 2012, between 309 and 374 children were adopted each year under special adoption legislation; see Table 2 (Ministry of Internal Affairs and Communications, 2015a).

There are three kinds of foster care: 'regular' foster parents, *yōiku satooya*,⁶ with a subcategory of 'specialist' foster parents, *senmon satooya*; foster parents wishing to adopt, *yōshiengumi satooya*; and kinship foster parents, *shinzoku satooya*.⁷ Specialist foster parents must complete a nationally-run training programme after three years of fostering experience (MHLW, 2016b: 14). In most local authorities foster parents can be registered under multiple categories. In 2010, the MHLW created 'family homes'. These are run by two foster parents and an assistant, and home up to six children.⁸

When children enter foster care there is an 'acclimatisation' period, *kyōyuu*, in which they develop their relationship with the foster parents before the placement is made. This averages 5 months, with the longest reported lasting 15 years (National Child Guidance Centre Directors' Committee, 2011: 68). There is no acclimatisation for institutional placements.

BIWIs cater for babies and infants from birth to 2 years old, though it is not uncommon to find older infants in BIWI or babies and infants aged under 2 in CWIs. CWIs care for children from 2 years old to 18 years old, though this can be extended to 20.⁹

⁶ A literal translation of this is – [child] rearing foster parents.

⁷ I have used the term 'foster parents' rather than 'foster carers' as this reflects more accurately the Japanese, '*sato-oya*'. *Sato* literally translates as natal village, *oya* as parents. Caseworkers often saw the word *oya* as exacerbating natal parents' fears of being replaced. A few local authorities use other terms, including Tokyo which uses *Yōiku katei*, [child] rearing home.

⁸ The status of family homes as foster care is discussed in Chapter 7.

⁹ If a child does not progress to high school they must leave the CWI at 15 years old. In 2011 the MHLW permitted extensions from 18 until children are 20 years old. A placement can be extended to facilitate the child progressing to tertiary education, to support children in or seeking employment, and to support children with illness or disabilities (MHLW, 2011c). In practice, very few children stay in CWIs past the age of 18 (National Foster Care Association, 2015). In 2016 the Specialist Committee for Investigating a New Way for Child Welfare suggested that this be extended to 22 years old (MHLW, 2016d).

Table 1: Alternative care.

The current state of alternative care: (1) The number of institutions, foster parents children, etc.

For children who have no guardians, children who have been abused, and other children who cannot be raised in their home environment, the public takes responsibility and care is carried out socially. This covers approximately 46,000 children

Foster parents	Division (includes multiple registrations)	Registered foster parents	Foster parents with children	Children in placements	Family homes
		9,949 households	3,644 households	4,731 people	<i>Home care carried out in the child-rearer's house (maximum 5~6 children)</i>
<i>Child-rearing in a house. Placement with foster parents</i>	Nurturing foster parent	7,893 households	2,905 households	3,599 people	Number of homes 257 buildings
	Specialist foster parent	676 households	174 households	206 people	Children in placements 1,172 people
	Foster parent wishing to adopt	3,072 households	222 households	224 people	
	Kinship foster parent	485 households	471 households	702 people	

Type of institution	Baby and Infant Welfare Institution	Child Welfare Institution	Short-term Therapeutic Institution for emotionally disturbed children	Self Reliance Support Institution	Mother and child living support institution	Self Reliance Assistance Home
Targeted children	<i>Babies (Where particular needs, includes infants)</i>	<i>Children with no guardian, children who have been abused, children who need protection for other environmental reasons (where particular needs, includes babies)</i>	<i>Children who have mild emotional disturbances</i>	<i>Children who have done bad things, or who it is feared may do bad things, or children who for other reasons, including the environment of their house, need lifestyle guidance.</i>	<i>For women and children who do not have a partner or those who are in the same circumstances as this, and children who should be in the custody of that person</i>	<i>Children who have finished obligatory child-rearing period, children who have left Child Welfare Institutions etc.</i>
Number of Institutions	133	601	38	58	247	118
Capacity	3,872	33,579	1,779	3,791	4,936 households	789
Current number of children	3,022	28,183	1,314	1,524	3,542 households, 5,843 children	440
Total number of staff	4,539	16,672	995	1,788	2,067	519

Small scale group care	1,078 buildings
Community small scale CWI	298 buildings

* The number of foster carers, the number of family homes, the number of children in care: Welfare administration reported cases (End of March, 2015)

* The number of institutions, 'homes' (excluding family homes), capacity, number of children in care, small style group care, local community small style institutions: Home welfare survey (October 1st, 2014)

* The number of staff (excluding self-reliance assistance home): Social welfare institutions etc survey report (October 1st, 2014)

* Self-reliance assistance homes number of staff: Home welfare survey (March 1st, 2014)

* The number of self-reliance support institutions includes two nationally run institutions

Source (translated): MHLW. (2016a). *Shakai-teki youngo no genjou ni tsuite (sankei shiryō)*. 2016, January: 2

Table 2: Adoption. 2008-2012

Record of special adoptions mediated by the courts (2008~2012)

	Numbers: Cases (Percentage)				
	2008	2009	2010	2011	2012
Approved	309 (100.0)	327 (105.8)	326 (105.5)	374 (121.0)	339 (109.7)
Dismissed	19 (100.0)	19 (100.0)	21 (110.5)	18 (94.7)	16 (84.2)
Withdrawn	66 (100.0)	66 (100.0)	68 (103.0)	72 (109.1)	59 (89.4)
Total	394 (100.0)	412 (104.6)	415 (105.3)	464 (117.8)	414 (105.1)

Notes:

- 1) Judicial statistics used in this report were drawn from 'Data on cases accepted, settled, and in proceedings etc. in the family court'
- 2) Children whose cases were rejected included (A) Where the natal parents did not consent (B) A case where 'normal adoption' had already been legally completed and the adopting parents were raising the child no different from their own biological child

Source (translated): Ministry of Internal Affairs and Communications. (2015a). *Sōhyō-shō dai 53-gō Heisei 27-nen 3 tsuki 10-nichi sōmu-shō gyōsei hyōka kyōkuchō kōsei Rōdōshō koyō kintō jidō katei kyōkuchō-dono ikuji kyūgyō-hō no taishō to naru ko no yōken no minaoshi (assen)*. 2015, March: 6

The child self-reliance support institutions cater for children at risk of becoming juvenile delinquents (see Aizawa, 2011; Matsuura, 2011), with self-reliance assistance homes catering for those who have left school, often at 15 years old, and who still need care (see Hoshi, 2012). The short-term therapeutic institutions for emotionally disturbed children cater for children with ‘emotional disturbances’ who also require alternative care. They are named ‘short-term’ as placements should last for up to two years, though 42.2 per cent of current placements have lasted over two years (MHLW, 2016a: 78).¹⁰

Mother and child living support institutions are seen as distinct from other institutions by most practitioners and policymakers (National Child Welfare Administration Division Head Meeting, 2015). This is because the child is living with their mother in an apartment and because support is aimed primarily at the mother. Families are placed into these institutions due to ‘domestic violence from partner’, ‘inappropriate home environment’, ‘instability of the mother’s body or mind’, ‘employment reasons’, ‘housing conditions’ or ‘economic conditions’ (MHLW, 2016a: 77).

These are also reasons given for placements into other institutions. Other categories include ‘child rearing problems’, which includes the detention, hospitalisation, employment, or mental health issues of parents, the death of parents, divorce, discord between parents, and bankruptcy or economic issues (MHLW, 2016c: 3). While data on the number of children who enter care due to abuse is high (see MHLW, 2016c: 4), it under-reports abuse, due to differences in how caseworkers label cases and because abuse sometimes only surfaces post-placement. My

¹⁰ There are also tens of thousands of children in institutions for children with disabilities. These institutions are managed separately from alternative care, though CGC bureaucrats noted that some of these children had been placed primarily due to abuse or neglect. In 2005, 670,000 adults and children with physical, intellectual, or mental disabilities were institutionalised (MHLW, 2006a). This represents nearly 10 per cent of the 7,091,000 adults or children with disabilities (MHLW, 2006a). The use of institutional rather than community-based care is also found in mental health practice (Taplin and Lawman, 2012). Oketani and Akiyama (2012) argue that this is the result of the Japanese Association of Psychiatric Hospitals lobbying against reforms that would impact upon their role and business.

fieldwork would suggest that Goldfarb was correct when she wrote that ‘almost all children in state care have experienced at least some degree of neglect in their families of origin’ (2012: 28).

The children that entered care during my fieldwork were disproportionately from lower socio-economic status families, single parents, young pregnancies,¹¹ and those involved in organised crime, hostess work, or the sex trade. This echoes a 1990 study that estimated the average income of the families of children in care as 25 per cent the national average (cited by Goodman, 2000: 55).

The ethnic composition of children in care reflects the relative lack of diversity in Japan. While data is not available for all children in alternative care, in 2011 1.5 per cent of children in foster care were not Japanese nationals, with a further 0.4 per cent ‘not registered’ to a family registration (National Child Guidance Centre Directors’ Committee, 2011). 1.6 per cent of children in foster care had a father who was not Japanese, while 4 per cent had a mother who was not Japanese.¹²

This data was collected in a one-off survey conducted by the National Association of CGCs and is not collected annually. This is indicative of a broader challenge for both academics and advocates: Japan publishes very little data on alternative care. Goodman terms this a ‘glaring gap’ (2000: 199), noting that it is ‘an even bigger gap in Japan than it would be in many other societies, where meticulous statistics are generally kept on all issues to do with those who come into contact with the state’ (1999: 75). Tsutsui and Otaga (2011) note that this inhibits the development of evidence-informed practice.

¹¹ In one case I saw, the mother, who had been in care from 7 until 13 years old, gave birth at 14. The father was 30 years old. The police were not involved in this case.

¹² The figures for parental nationality are likely to be slightly low, as non-national parents are occasionally not registered by the other parent for fear of them removing the child from Japan. See Roebuck (2016) for a discussion of post-war ‘orphans’ of mixed race.

In the past six years there have been some attempts by local authorities to collect data on careleavers (Osaka, 2012; Tokyo, 2011a; 2011b; 2012).¹³ In 2014 Nagano and Arimura analysed these and conducted two further surveys. This found that careleavers are 18 to 19 times more likely than the national average to be on public assistance benefits, and that the most vulnerable group were those who left care under the age of 18.

The only careleaver data that the MHLW publishes is the progression rate to tertiary education. Here Japan appears to outperform all other OECD countries: in 2014, 11.4 per cent of children leaving CWIs after high school entered university, with a further 11.2 per cent of CWI high school graduates entering junior college. For foster care these figures rise to 23.3 per cent going to university and 20 per cent to junior college.¹⁴ While higher than other countries,¹⁵ these figures are below the national average of 53.8 per cent progressing to university and 23.1 per cent to junior college (MHLW, 2016a: 4). Further, a small survey of careleavers in Kyushu and Okinawa found a drop-out rate of 46 per cent, over three times the national average (Bridge for Smile, 2005).

Kariya's work on education credential inflation demonstrates that the cost of not attending tertiary education in Japan has increased with the number of people attending tertiary education (2011a; 2011b). Given the strong link between education and life outcomes in Japan (Kariya, 2011a; 2011b), those leaving care without completing tertiary education are likely to be disadvantaged.

¹³ Nagano and Arimura (2014) attribute the new focus on careleavers to Tsuzaki's 2006 translation of Goodman's (2000) work. Two earlier studies are Matsumoto's (1987) work on poverty and careleavers and Hayashi's (1992) survey of careleavers.

¹⁴ Japanese statistics do not take into account children in specialist institutions, including self-reliance support institutions or self-reliance assistance homes, very few of whom progress to tertiary education. Despite this, it seems likely that Japan has the highest progression to tertiary education from alternative care of any OECD country.

¹⁵ See for example Sweden (13 per cent), England (9 per cent), and Denmark (3 per cent) (Jackson, 2013). Kerr (N.D.) notes that many careleavers in the UK are missed from statistics as they enter tertiary education after a period of employment.

Children in temporary care institutions, *ichiji bogo*,¹⁶ within the CGC¹⁷ are not captured in alternative care statistics as they do not enter under a ‘placement order’. Wada et al. (2013) found that 45.7 per cent of children in temporary care had previously been in temporary care, with an average of 2.84 times.¹⁸ This group are repeatedly entering temporary care yet are never recorded as being in alternative care.

Children are placed into temporary care for their protection, to allow further assessment of their circumstances and current state, or, less frequently, prior to entering the judicial system.¹⁹ Stays are supposed to last less than two months but can be much longer, with at least one child having stayed for over two years (HRW, 2014). Recent work shows that stays in temporary care are getting longer and suggests that limited capacity here may be limiting the number of children entering care (Abe and Ogiso, 2011; Ogiso, 2010; Yamamoto et al., 2013).²⁰ While in temporary care children do not attend school, which is sometimes seen as an abrogation of their rights (Abe and Ogiso, 2011; HRW, 2014; Ogiso, 2010; Suzuki, 1999; Wada et al., 2013).

While data on placement changes in alternative care is not recorded at a national level, or published at any level, there is a belief (which is probably correct) that there are fewer placement changes in Japan than elsewhere. This number would increase by one for all children if stays in temporary care were defined as a placement. Yamamoto et al. (2009) argue that stays in temporary care should be considered as stays in institutional care. This number would also increase if breakdowns during the ‘acclimatisation period’, which are not considered to be a placement change even if the child has spent years getting to know the foster parents, were

¹⁶ This term can also be translated as protective custody

¹⁷ Children aged under 2 years old enter BIWIs on a temporary placement order. Children older than 2 can be placed into any institution or into foster care for temporary care, though this is rare.

¹⁸ This study also found that 61.8 per cent of children in temporary care had previously been in contact with the CGC, and 25.2 per cent had previously been in alternative care.

¹⁹ See Takahashi et al. (2002; 2003) and Wada et al. (2013) for overviews of temporary care.

²⁰ Where other countries record ‘temporary’ stays in alternative care statistics, the average stay will appear shorter.

included. Finally, one CGC head argued that from the child's perspective staff turnover in CWIs was comparable to a placement change.

Having outlined the alternative care system, this section next explains the use of the term 'institutional care'.

3.2 Institutional care or residential care?

Given the size and the feel of the BIWIs and CWIs, this thesis uses the term 'welfare institution' rather than residential care.²¹ This reflects a distinction made in Article 3 of the UN Guidelines for the Alternative Care of Children (UN General Assembly, 2010, emphasis added):

While recognizing that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (*institutions*) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination.

This thesis follows the Council of Europe's Recommendations on Childcare in adopting Mulheir and Browne's classification, with large institutions 'having 25 or more children living together in one building', small institutions 'housing 11 to 24 children', and 'family-like' homes accommodating '10 children or less' (2007: 13).

Table 3 (MHLW, 2016a) shows that the average capacity of the BIWIs is 23, with the largest housing over 80, and that the most common size for CWIs is 41 to 50, though more children are in CWIs housing over 100 than in CWIs housing under 30.²² Despite a reduction in the number of large-scale units since 2008²³ – see Table 4 (MHLW, 2016a) – the majority of children in CWIs in 2012 lived in large dormitory-style CWIs.

²¹ Goodman (2000) translates the term *jidōyōgoshisetsu* as 'child protection institutions', 'children's homes', 'homes', and 'institutions', whereas Goldfarb (2012) uses the term 'children's homes'. I have used the word 'welfare' rather than protection, as this role is increasingly emphasised by the MHLW (MHLW, 2010).

²² This dataset does not include the self-reliance assistance homes, which have a capacity of between five and 20, with the most common capacity being six (MHLW, 1998; 2015a).

²³ Some CWIs do this by building temporary walls in corridors and labelling the resulting spaces as two distinct 'units', rather than by building self-contained detached units.

Table 3: The capacity of welfare institutions

(28) Capacity scale of different welfare institutions (unit: institution)

Type / Capacity	BIWI		CWI		Short-term therapeutic institution for emotionally disturbed children		Self-reliance support institution		Mother and child living support institution	
	Institutions	Percentage	Institutions	Percentage	Institutions	Percentage	Institutions	Percentage	Institutions	Percentage
Total	133	100.00%	601	100.00%	38	100.00%	58	100.00%	247	100.00%
Under 20	57	42.90%	7	1.20%	2	5.30%	1	1.70%	202	81.80%
21~ 30	33	24.80%	68	11.30%	9	23.70%	4	6.90%	32	13.00%
31~ 40	23	17.30%	104	17.30%	13	34.20%	8	13.80%	7	2.80%
41~ 50	10	7.50%	139	23.10%	12	31.60%	14	24.10%	6	2.40%
51~ 60	4	3.00%	100	16.60%	2	5.30%	10	17.20%		
61~ 70	2	1.50%	64	10.60%			6	10.30%		
71~ 80	3	2.30%	49	8.20%			3	5.20%		
81~ 90	1	0.80%	26	4.30%			3	5.20%		
91 ~ 100			18	3.00%			2	3.40%		
101 ~ 110			13	2.20%						
111 ~ 120			4	0.70%			2	3.40%		
121 ~ 150			5	0.80%			4	6.90%		
151 and over			4	0.70%			1	1.70%		

Note: For mother and child living support institution capacity refers to 'households' [rather than children]

Home welfare survey (October 1st 2014)

Source (translated): MHLW. (2016a). *Shakai-teki yogo no genjou ni tsuite (sankei shiryō)*. 2016, January: 91

* The Self-reliance assistance homes are not shown on this table. A 2015 MHLW report states that these homes have a capacity of between five and twenty children, with the majority of homes housing six youths (MHLW, 1998; 2015a)

Table 4: The style and size of child welfare institutions

(2) The current form of child welfare institutions

In March 2012 50% of CWI were large scale. In March 2008 70% of CWI were large scale so the move towards small scale is continuing. Moving forwards, in order to further the progression towards 'home-like' care it is necessary to keep promoting smaller scale institutions

The present circumstance of large scale, medium scale, small scale institutions, the present circumstances of small scale care

		Dormitory style			Small style care style		
		Large	Medium	Small	Small style group care	Community small style CWI	Other group homes
Number of Institutions	Number	280	147	226	312	136	32
N = 552 (March 2012)	%	50.7	26.6	40.9	56.5	24.6	5.8
Number of Institutions	Number	370	95	114	212	111	55
N = 489 (March 2008)	%	75.8	19.5	23.4	43.4	22.7	11.3

Note: Capacity per child-rearing unit: Large 20 or over, Medium 13-19, Small 12 or less. Small style group care, about 6 children
 Survey into the upgrading of welfare institutions. Responding CWIs: 552 (March 1st 2012), 489 (March 1st 2008)
 Additional note: [Total over 100 per cent as one CWI can have both large and small units]

Source (translated): MHLW. (2016a). *Shakai-teki youto no genjou ni tsuite (sanka shiryou)*. 2016, January: 2

Figure 2 (MHLW, 2012a) gives an example of a large-style and a group care CWI. While the dormitory rooms here house four children, each room can hold up to twelve children. Figures 3 and 4 (HRW, 2014) give a sense of how this can look. Figure 5, taken from a Japan National Council of Social Welfare (Zenshakyō) report, which uses an image of six children struggling for the attention of one staff member to highlight the staff-child ratio (Zenshakyō, N.D.),²⁴ also shows the feel of the institutions.

3.3 The promotion of foster care

The 2010 ‘Child and Childrearing Vision’ calls for one-third of children to be in CWIs where the main building houses up to 45 children, one-third to be in small, unit-style, group care homes, and one-third to be in foster care or family homes by 2029 (MHLW, 2010).²⁵ This was followed by the 2011 ‘foster care guidelines’ (MHLW, 2011b), which urged CGCs to consider foster care as the default placement. An MHLW letter explained this referencing three factors: the danger of institutionalisation causing attachment disorders, the family as a model for the child for their future, and the family as the best place for children to learn how to behave in society. The letter also stated that the ‘family is the basis of society so it is natural for children to be raised in a family’ (MHLW, 2011a).

²⁴ This was amended in 2013 to one staff member for every: 1.6 children aged under 2, two children aged 2, four pre-schoolers aged over 3, and 5.5 children of school age.

²⁵ The original wording, *jūshū*, means more than 10 and under 20. Later guidelines defined this as 19 years.

Figure 2: A large- and small-style child welfare institution

Types of CWI

An example of a large-style CWI

Discussion Room		Children's Room (Four children)
Hall & Canteen		Children's Room (Four children)
		Children's Room (Four children)
		Children's Room (Four children)
		Children's Room (Four children)
Boys' toilet		Children's Room (Four children)
Laundry station		Children's Room (Four children)
Girls' toilet		
Laundry station		Individual Child's Room
Drying room		Individual Child's Room
Bath		Individual Child's Room
Night Duty Room		Individual Child's Room

* This will house over 20 children

* In principle shared rooms, though older children may have individual rooms

* Food is prepared in the kitchen and eaten in the dining hall

An example of a small-style group care CWI

Children's Room (Two children)	Individual Child's Room	Individual Child's Room
Individual Child's Room	Living Room & Dining Hall	
Individual Child's Room		
Laundry		
Bathroom		
Bath	Kitchen	
	Toilet	Duty Staff Room

* This will house 6-8 children

* In principle individual rooms, though very young children may share

* Staff prepare food in the CWI and children may also join in

Source (translated): MHLW (2012a). *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*. 2012, September: 8

Figure 3: The feel of a child welfare institution (I)



Beds for children in kindergarten at a child care institution in the Kansai region. The beds are supplemented by a small playing space in the same room, June 2012. © Sayo Saruta / Human Rights Watch.

Source: Human Rights Watch (2014). *Without dreams*. 37 (reproduced with permission)

Figure 4: The feel of a child welfare institution (II)



© Sayo Saruta / Human Rights Watch.

Source: Human Rights Watch (2014). *Without dreams*. Front page (reproduced with permission)

Figure 5: 'Residential care' or 'Institutional care'?



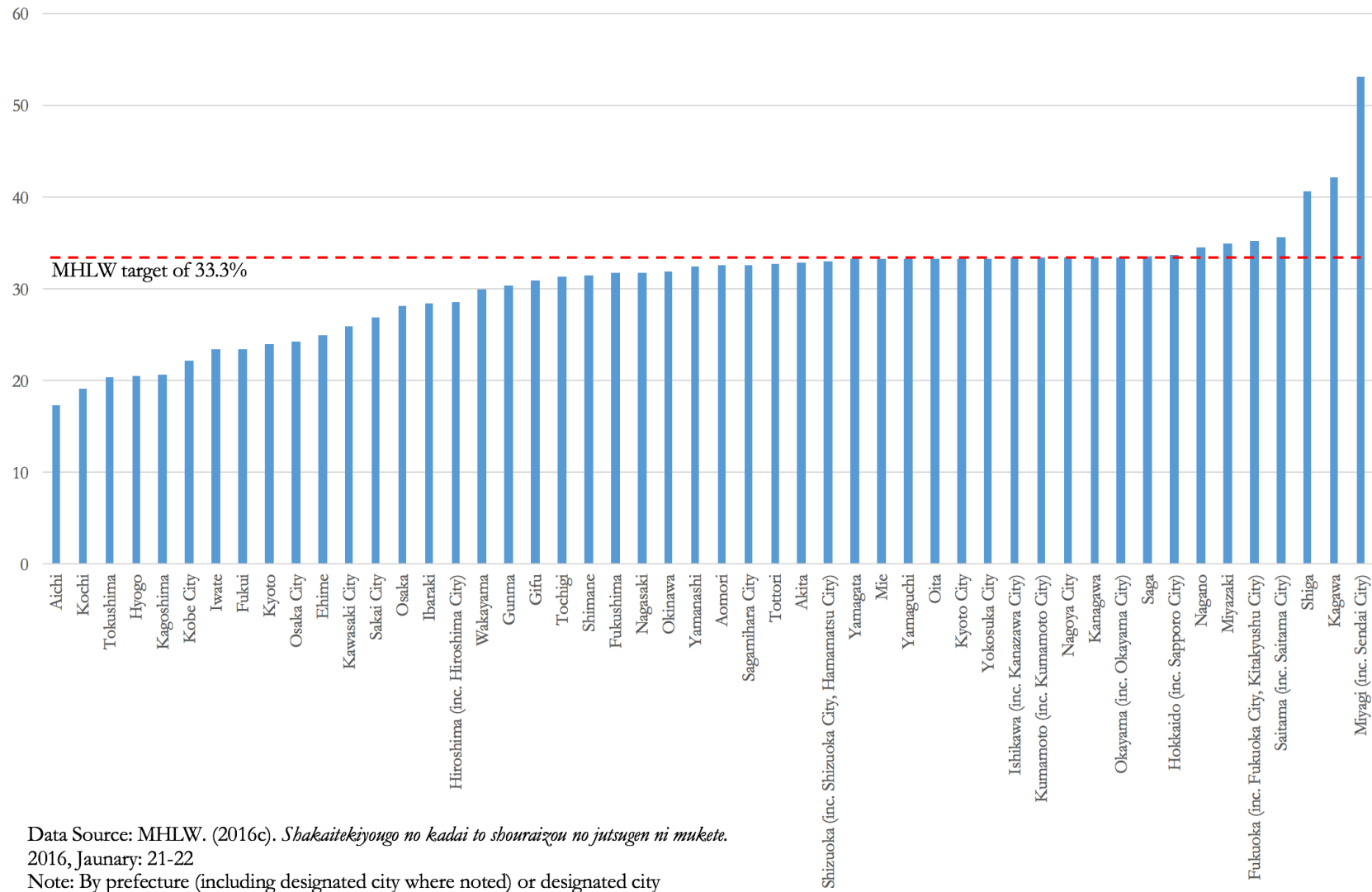
Source: Zenshakyō. (N.D.). *Jidō yōgo shisetsu kodomo no mirai to suru tame ni*. 3

Each local authority was required to report their plans for achieving these targets by March 2015. Prior to this date, one MHLW bureaucrat voiced their concerns that some local authorities were completing the exercise as *tatema*, a façade. When the plans were received, it became clear that some local authorities did not even show *tatema*. Thirty of the 50 local authorities that submitted plans on time were aiming for targets of under one-third (Figure 6, Figure 7), and two local authorities, Iwate and Okinawa, are aiming to decrease their foster care rate (Figure 8). In alternative care, then, the responsibility for determining local policy and practice lies with local authorities, rather than the MHLW.

The thesis does not consider the 2016 revisions to the Child Welfare Act in detail as they came too late in the research process.²⁶ These shift the language of alternative care and promote foster care and adoption. They aim to strengthen specialist knowledge within the CGCs, most notably by appointing a lawyer in every CGC and creating a new role, the ‘supervisor’, who must have at least five years’ experience as a caseworker. The revision also sets out a framework for non-profit-organisations to engage in adoption and foster care services and urges local authorities to be proactive in promoting foster care and adoption (MHLW, 2016e). Having outlined the promotion of foster care, which we will revisit in Chapter 4, this section next introduces the CGCs.

²⁶ The author took part in an MHLW consultation on this legislation change, with a focus on the role of adoption and foster care agencies.

Figure 6: 2029 target foster care rates



Data Source: MHLW. (2016c). *Shakai-tekiyōgo no kadai to shourai-izon no jutsugen ni mukete.* 2016, January: 21-22
 Note: By prefecture (including designated city where noted) or designated city

Figure 7: 2029 targets for alternative care

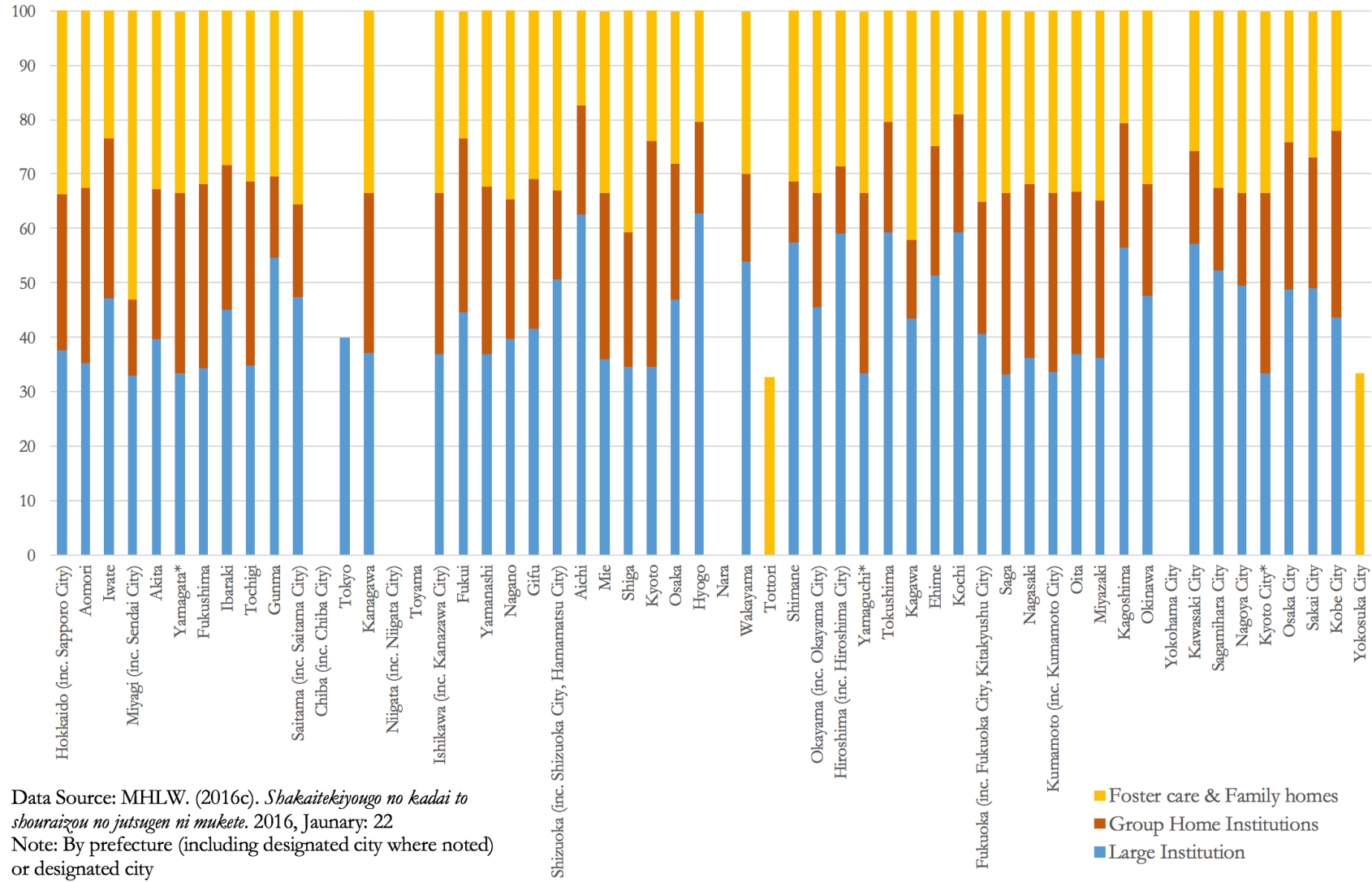
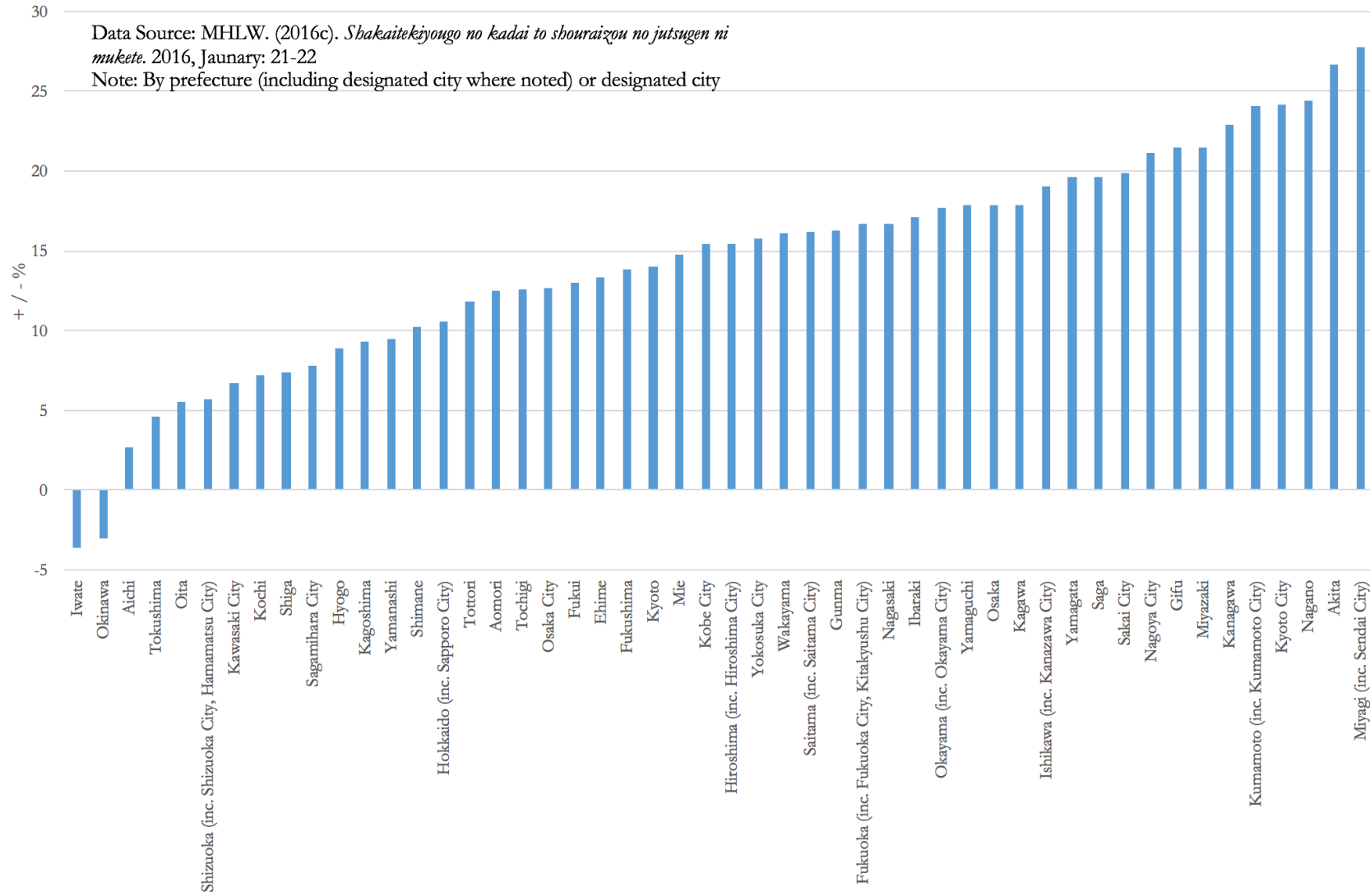


Figure 8: Difference in foster care rates: 2015 to 2029 targets



3.4 The child guidance centres

The CGCs are at the heart of alternative care in each local authority. The CGCs implement national and local policy, determining whether a child is removed from the family and, if they are, the placement type. The judiciary play a minimal role in this process.

This process is called gatekeeping. Gudbrandsson argues that '[t]he concept "gatekeeping" refers to systematic assessment with the goal of matching services to individual needs' (2004: 15), though Courtney and Iwaniec (2009) note that there is often a lack of empirical evidence upon which to base this 'systematic' process. As we shall see, this is true in the CGCs.

Social work does not exist as a profession in Japan (Tsuzaki, 2006).²⁷ As such, the CGCs are largely staffed by local government bureaucrats, who rotate between offices every one to five years. These generalist staff often have no experience of child welfare. CGCs can also hire contract-staff on full- or part-time annual contracts.

Tsuzaki notes that the services provided by the CGCs are provided by eight different legal bodies in America: the Child Protection Service, Children's Advocacy Centre, Juvenile Court, children's hospitals, community health centres, the Board of Mental Retardation/Developmental Difficulties, the Board of Education, and child guidance clinics (2009: 169). The CGCs I visited worked with children with disabilities, supported school-refusers,²⁸ and in one case worked with 'women's issues', often related to domestic violence.

To cope with this diverse workload CGCs are often split into four sections: education, emergency intervention, clinical psychological support, and support, with the 'support' division managing casework for children entering and in care.

²⁷ A 2017 MHLW committee white paper, see Chapter 4 footnote 14, calls for the strengthening of expertise of practitioners and for more role specialisation within CGCs (MHLW NWAC, 2017). This could represent the first step in reforming 'social work' or, conversely, may represent a small refinement of the status quo. This will be an important area for future research.

²⁸ One CGC I visited ran a 'classroom' for school refusers and an 'open-room' for youth refusing to attend university.

In most cases the CGC is the service provider for foster care, and is responsible for recruiting, assessing, training, registering, and supporting foster parents.²⁹ In contrast, the CGC normally acts as a service regulator for welfare institutions, which are responsible for their staff recruitment and training and ‘take on the burden completely’ (Tsuzaki, 2009: 157) following a placement. This means a placement into foster care requires more resources within the CGC than a placement into institutional care. Having introduced the CGCs, this section next examines how the foster care rate is defined.

3.5 Defining the foster care rate

The MHLW chart comparing foster care rates, Figure 1, suggests that children not in foster care are in residential care. This is not accurate. In 2015 in England, for example, only 9 per cent of children were in ‘children’s homes’, with a further 5 per cent in ‘independent living and residential accommodation’ (Department for Education, 2016). 75 per cent of children were in foster care, with the remaining children in adoption placements, ‘secure units, young offenders’ institutions or prison’, or other specialist placements, including 5 per cent ‘placed with parents’ (Department for Education, 2016).³⁰

In Japan, the official foster care rate only covers foster care, family homes, BIWIs and CWIs, and does not include specialist welfare institutions, even though these are part of the alternative care system.³¹ Children in temporary care are also omitted from the calculation of the foster care rate.

²⁹ Non-CGC foster care service providers are discussed in Chapter 2.

³⁰ Yamamoto et al. (2010) argue that children should be returned home from alternative care or temporary care in a more structured manner, and that this should be considered a new form of ‘care in the home’.

³¹ Residential care in other countries is closest in form and function to the self-reliance assistance homes and child self-reliance support institutions. Despite this, I occasionally heard arguments for BIWIs and large CWIs based upon the existence of residential care abroad. A senior member of the International Association of Residential Care (FICE) expressed concern over this ‘lost in translation’ justification for institutionalising babies and infants (interview, 2014).

The UN Guidelines for Alternative Care of Children provides a definition of residential care: ‘care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes’ (UN General Assembly, 2010, Article 29c). Under this admittedly circular definition, the foster care rate would include temporary care and specialist institutions, other than the mother and child facilities. As Table 5 shows, under this definition Japan’s foster care rate would be around 14 per cent, 1.9 per cent lower than the official figure. With this caveat noted, the term ‘foster care rate’ in this thesis refers to the official foster care rate.³²

Having outlined the number of children in care, the different care placements, the use of the term ‘institution’, the role of the CGCs, policy change promoting foster care, and the definition of the foster care rate, this chapter next explores variation in policy implementation.

4. Variation in policy implementation

4.1 Variation over time

Variation in policy implementation occurs over time and space. Perhaps the most surprising feature of Japanese alternative care is the lack of change over time. Figure 9, taken in Osaka in 1951, shows the dining room of an ‘orphanage’ that housed 160 children (Pringle, 1951). The largest CWI today houses 159 children, and the communal dining room is still normal in large-style CWIs (Figure 2).

Despite, or perhaps because of, the lack of change, the MHLW is eager to highlight the increasing foster care rate. Figure 10 (MHLW, 2016a) shows the number of children in foster care, BIWIs and CWIs between 1993 and 2014. The number of children in foster care reaches its nadir in 1999 and is 2.78 times this in 2014.

³² The official foster care rate is not problematized in Japan. Tsutsui and Otaga (2011) are a rare example of researchers who consider the specialist welfare institutions when discussing the foster care rate.

Table 5: Calculating Japan's foster care rate

2014~2015	Baby and Infant Welfare Institution	Child Welfare Institution	Short Term Therapeutic Institution for Children with Mental Health Disabilities	Children's Self-Reliance Support Institution	Mother and Child Supported Living Institution	Self Reliance Assistance Homes	Foster Care	Family Homes	Temporary Care (2013)	Total
Number of Children	3,022	28,183	1,314	1,524	5,843	440	4,731	1,172	1,693	47,922
Percentage of Official Foster Care Rate	8.1%	75.9%	-	-	-	-	12.7%	3.2%	-	37,108
Percentage of Total (1)	7.2%	67.0%	3.1%	3.6%	-	1.0%	11.2%	2.8%	4.0%	42,079
Percentage of Total (2)	6.5%	61.0%	2.8%	3.3%	12.6%	1.0%	10.2%	2.5%	-	46,229
Percentage of Total (3)	6.3%	58.8%	2.7%	3.2%	12.2%	0.9%	9.9%	2.4%	3.5%	47,922

Official Foster care rate	(Foster care + Family home) / (BIWI + CWI + Foster care + Family home)	15.9%
Foster care rate (1)	(Foster care + Family home) / All, except for mother and child welfare institution	14.0%
Foster care rate (2)	(Foster care + Family home) / All, except for temporary care institution	12.8%
Foster care rate (3)	(Foster care + Family home) / All	12.3%

Data sources:

MHLW. (2016a). *Shakaiteki yongo no genjyou ni tsuite (sankoushiryou)*. 2016, January: 1

Temporary care: MHLW. (2015b). *Shakai hoshou shingikai jidou bukai dai 2-kai aratana kodomo katei fukushi no arikata ni kansuru senmon iinkai, jidousoudansho kankei shiryō*. 2015, November: 30

Notes: Figures for foster care and family home relate to March 31st 2015, figures for welfare institutions refer to October 2014, Temporary care figures from 2013. The number of children in temporary care on any given day has risen steadily for over a decade and the 2014-15 rate is likely to have been higher than the 2013 figure. All percentages calculated by author

Figure 9: An 'orphanage' in Osaka, 1951.

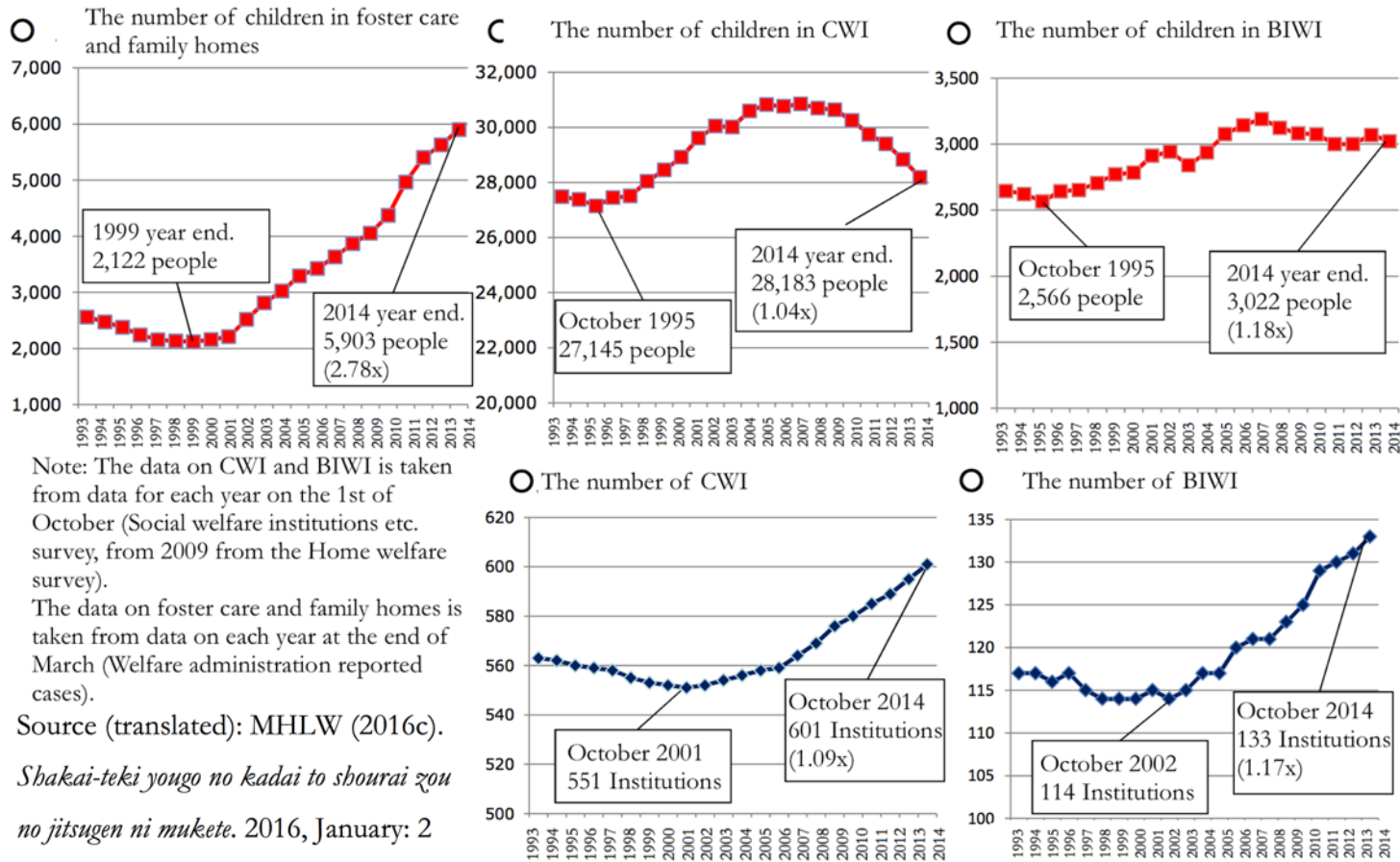


Source: Pringle, J. (Photographer). (1951). © Associated Press/Jim Pringle. *Dining room of an orphanage in Osaka, Japan, on February 19, 1951, where the 160 orphans were fed each day on food purchased by the Wolfhounds, the 27th Infantry Regiment of the U.S. Army.*

Figure 10: The number of children in foster care. 1993-2014

(2) Trends in the number of children needing alternative care

In the last ten to twenty years the foster care rate has increased by a factor of about 2.8, the number of children in CWI has slightly increased, whilst the number of children in BIWI has increased by 20 per cent



This peak, of 5,903 children in foster care in 2014, is significantly below the 9,489 children in 1958-59 (Sido, 2004). Table 6 shows this data at intervals from 1955 to 2014.³³ Figure 11 shows that 2000 represents a turning point in both the foster care rate and the number of registered foster parents who are used (see also Miwa, 2014).

Figure 12 shows the number of children in each care placement at intervals from 1955 to 2014. This chart suggests that the increasing foster care rate from 2000 is linked to more children entering care from around 1995 until 2010, rather than coming at the expense of the institutions. Miwa (2016) argues that the stability of the number of children in institutional care is the result of institutions acting to protect their interests. This, and the regional variation in the number of children entering care shown in Figure 13, are explored in Chapter 6.

If we consider a shorter period, we can see considerable regional variation in how the foster care rate has changed over time. Table 7 (MHLW, 2016a) highlights the local authorities with the largest increases in the foster care rate between 2004 and 2014.³⁴ Fukuoka City saw the largest increase, rising by 25.5 per cent. Figure 14 maps this data out for all local authorities.³⁵ During this period four local authorities, Kawasaki City (18.4 per cent), Akita (6.0 per cent), Yokohama City (4.8 per cent) and Chiba City (2.3 per cent), saw decreases in their foster care rate.³⁶ There is no urban/rural pattern to this change, nor does it follow regional blocs.

³³ Both Figure 10 and Table 6 use official MHLW figures. One practitioner speculated that the discrepancy in these figures may have resulted from the use of data from different months.

³⁴ This excludes Miyagi and Iwate because ‘a lot of these are kinship foster parents resulting from the effects of the Tohoku earthquake and tsunami’ (MHLW, 2016a: 16).

³⁵ See Appendix 1 for the foster care rates of all local authorities in 2004 and 2014.

³⁶ Sagami City, which was granted designated city status in 2010, had a reduction of 17.9 per cent between 2010 and 2014, while Niigata City, granted designated city status in 2007, had a reduction of 4.6 per cent.

Table 6: The foster care rate. 1955-2014

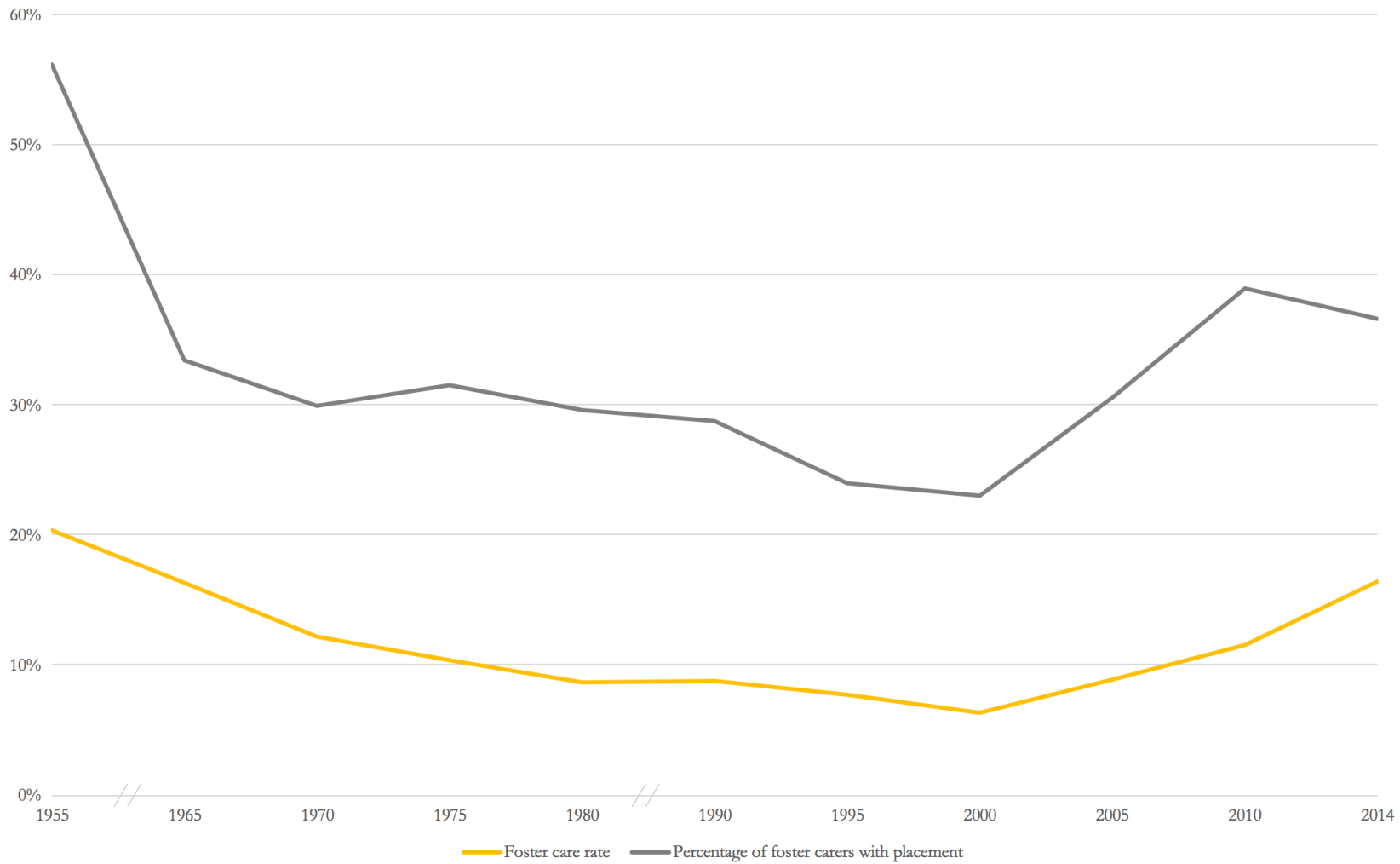
Year	CWI (A)	BIWI (B)	Foster care (C)	Family Home (D)	Foster care rate (C+D)/(A+B+C+D)	Percentage of foster carers with placement
1955	32,944	2,755	9,111	0	20.3%	56.2%
	100%	100%	100%	-		
1965	32,346	3,188	6,909	0	16.3%	33.4%
	98.2%	115.7%	75.8%	-		
1970	30,933	3,331	4,729	0	12.1%	29.9%
	93.9%	120.9%	51.9%	-		
1975	30,084	3,292	3,851	0	10.3%	31.5%
	91.3%	119.5%	42.3%	-		
1980	30,787	2,945	3,188	0	8.6%	29.6%
	93.5%	106.9%	35.0%	-		
1990	27,423	2,599	2,876	0	8.7%	28.7%
	83.2%	94.3%	31.6%	-		
1995	25,960	2,566	2,377	0	7.7%	24.0%
	78.8%	93.1%	26.1%	-		
2000	28,913	2,784	2,157	0	6.4%	23.0%
	87.8%	101.1%	23.7%	-		
2005	30,830	3,077	3,293	0	8.9%	30.6%
	93.6%	111.7%	36.1%	-		
2010	29,975	3,136	3,816	497	11.5%	38.9%
	91.0%	113.8%	41.9%	-		
2014	27,050	2,884	4,731	1,172	16.5%	36.6%
	82.1%	104.7%	51.9%	-		

Data Sources:

1955-1995: Goodman (2000: 137).

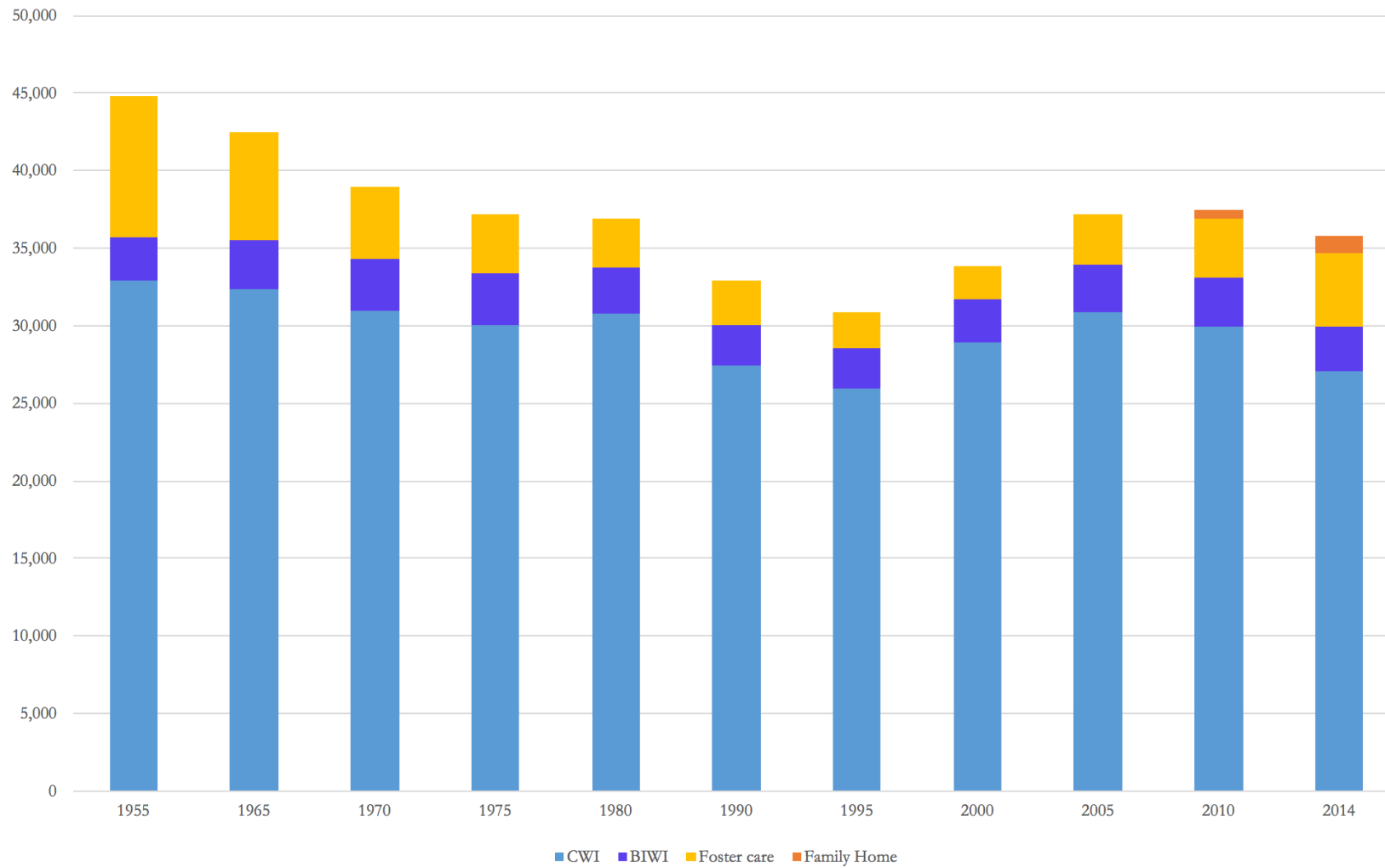
2000-2014: Calculated from MHLW Welfare Administration Reported Cases

Figure 11: The foster care rate and the percentage of foster parents with a placement. 1955-2014



Data Sources: 1955-1995: Goodman (2000: 137). 2000-2014: Calculated from MHLW Welfare Administration Reported Cases

Figure 12: The number of children in different care placements. 1955-2014



Data Sources: 1955-1995: Goodman (2000: 137). 2000-2014: Calculated from MHLW Welfare Administration Reported Cases

Table 7: The local authorities with the largest increase in their foster care rate. 2004-2014

The largest increases in foster care rates amongst local authorities in the last decade

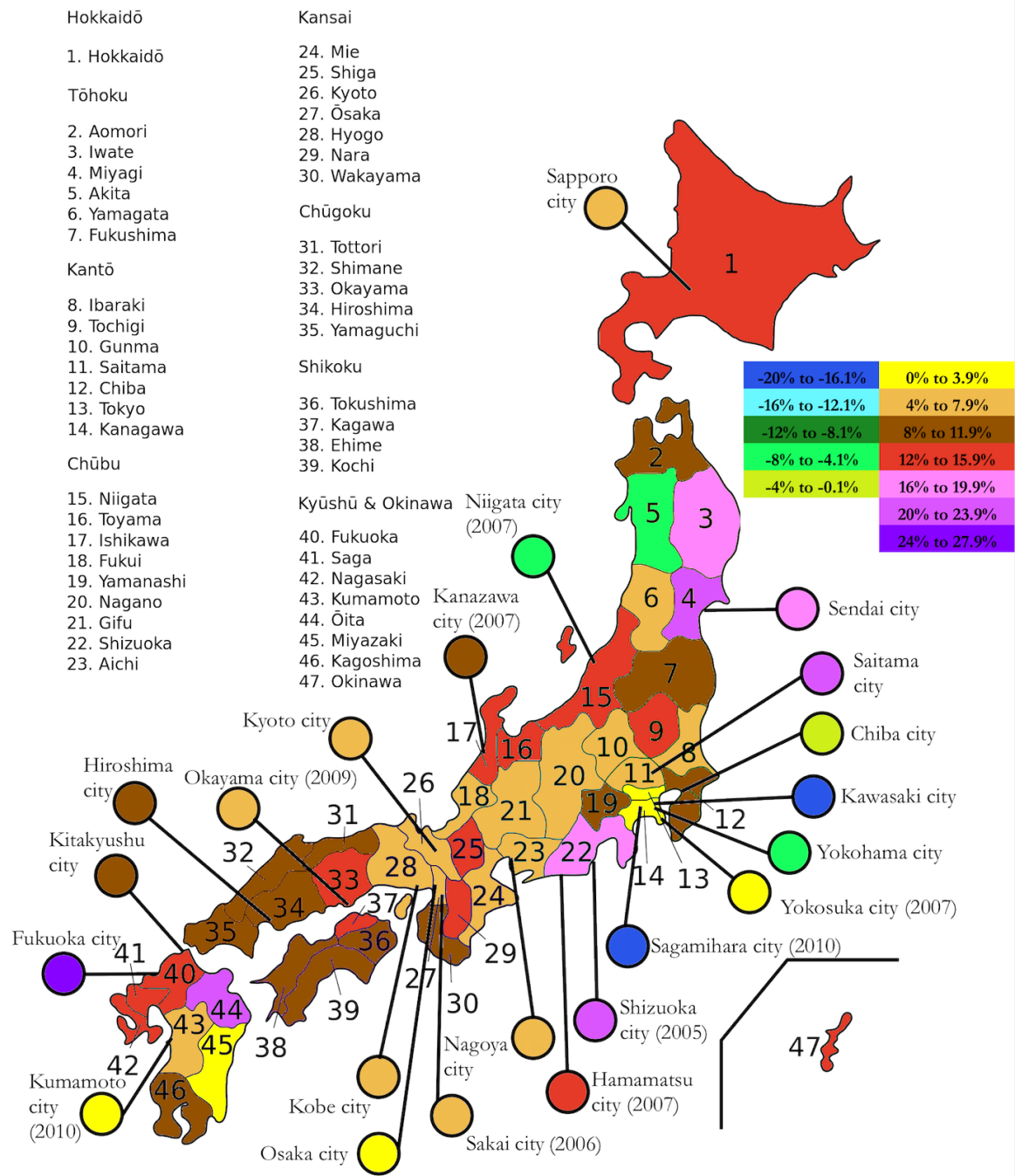
		Increase (2004-2014)	Foster Care Rate	
			2004	2014
1	Fukuoka City	25.5%	6.9%	32.4%
2	Oita	21.1%	7.4%	28.5%
3	Saitama City	20.7%	11.0%	31.7%
4	Shizuoka	16.6%	10.6%	27.2% (1)
5	Ishikawa	15.4%	2.1%	17.5%
6	Toyama	14.3%	7.3%	21.6%
7	Okayama	13.7%	5.5%	19.2%
8	Kagawa	13.5%	6.5%	20.0%
9	Tochigi	13.4%	7.9%	21.3%
10	Fukuoka	13.0%	4.0%	17.0%

(1) Includes Shizuoka City, Hamamatsu City.

Note: This table does not show Miyagi, Iwate, Sendai City, who did increase their foster care rate rapidly - Miyagi: 29.5% increase (8.0% - 37.5%), Iwate: 17.6% increase (10.4% - 28.0%), Sendai City 12.2% (11.6% - 23.8%) - as a lot of these are kinship foster carers resulting from the effects of the Tohoku earthquake and tsunami.

Source (translated): MHLW. (2016a). *Shakaiteki youto no genjyou ni tsuite, (sanka shiryou)*. 2016, January: 16

Figure 14: Mapping the change in the foster care rate, 2004-2014



Data Sources: MHLW Welfare administration reported cases

While we can track the changes in the number of children in foster care and the foster care rate, we cannot assume that the function of foster care was uniform throughout this period. Post-war foster care was often close to adoption (see Dower, 1999; Goodman, 2000; Kumasaka and Aiba, 1968), with CGC staff confusing adoption and foster care as late as the 1970s (Matsumoto, 1971) and with most foster parents receiving no CGC support (Goodman, 2000; Miwa, 2016). In 2008 the category ‘foster care with a view to adopt’ was created to distinguish this from regular foster care. Contemporary constructions of foster care are examined in the literature review (Chapter 2), and in Chapter 7 on differences in norms between local authorities.

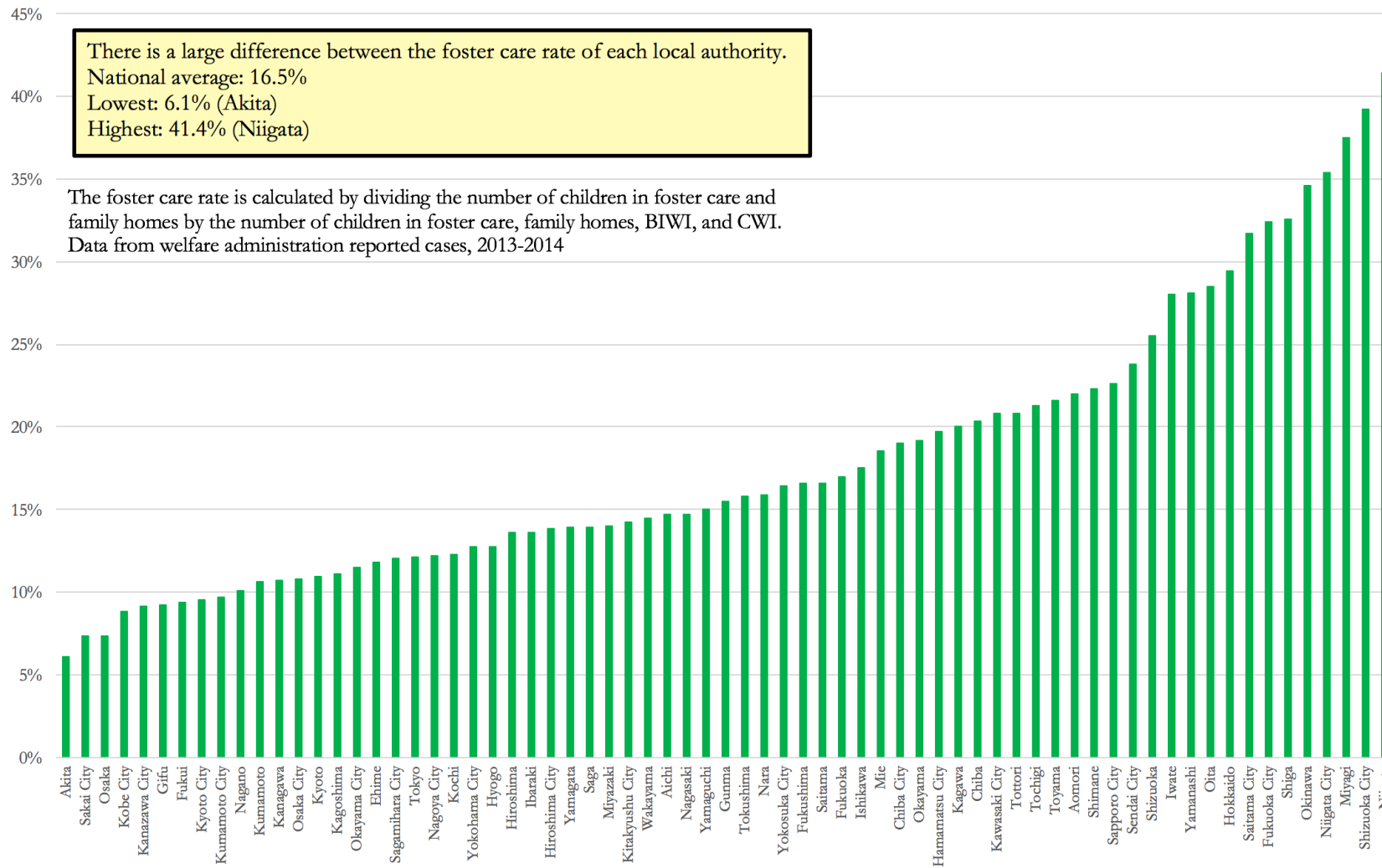
4.2 Variation over space

The differences between local authorities’ foster care rates (see Figure 15) indicates regional variation in policy implementation.³⁷ Sugimoto’s ‘An introduction to Japanese society’ (2010) outlines different types of regional variation. These include the eight regional blocs, the Eastern-Western divide, and a divide between the centre, in which half of the population lives, and the periphery, as well as between local industries, popular culture and language. The regional variation in the foster care rate, mapped in Figure 16, does not follow any of these divides.

Two scholars have considered regional variation of the foster care rate prior to this thesis: Matsumoto (1991) suggested that CGCs with more expertise in foster care may have a higher foster care rate; and Miwa (2012) found a correlation between a higher caseload of the CGC caseworkers and a lower foster care rate. These explanations are explored in Chapter 6, on the impact of resources on the foster care rate.

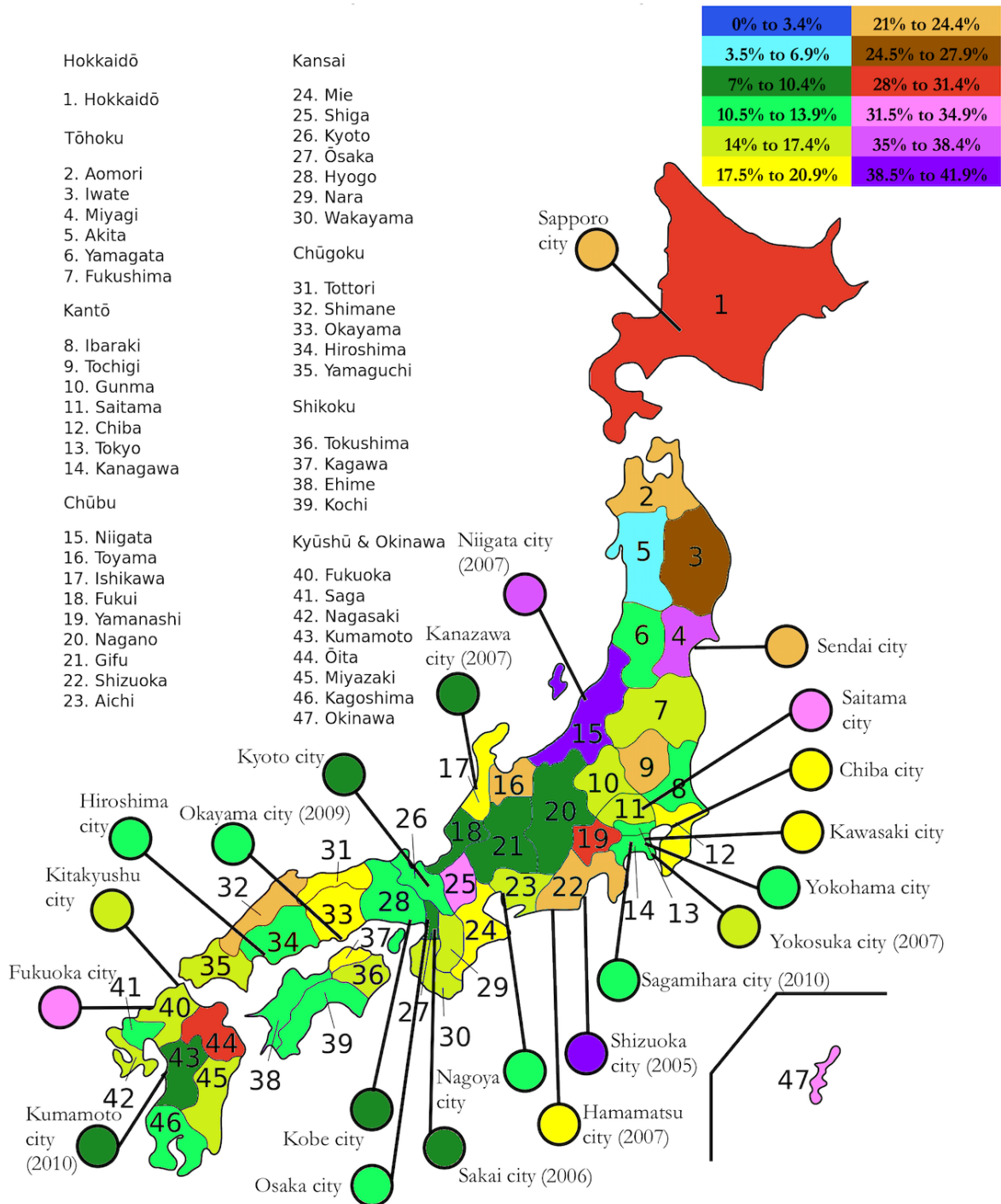
³⁷ See footnote 31 re. discrepancies between this and other MHLW data.

Figure 15: The foster care rate of each local authority. 2013-2014



Source (translated): MHLW. (2016c). *Shakaiteki yogo no kadai to shouraijou no jitsugen ni mukete*. 2016, January: 10

Figure 16: Mapping the foster care rate, 2014



Data Sources: MHLW Welfare administration reported cases

There are three reasons why I am studying regional, rather than temporal, variation in policy implementation. The first is because the uniform national legislation and guidelines, and the ideal of ‘equal opportunities’ found in the Constitution, Children’s Charter (Goodman, 2000), and Basic Act on Education (2006), make the gap between Miyagi’s foster care rate of 37.5 per cent and neighbouring Akita’s 6.1 per cent surprising. This ‘postcode lottery’ is even more surprising when compared with education, where policy is uniformly implemented in the content of what is taught, the timing of when it is taught and even the architecture of the schools in which it is taught (Aspinall, 2016; Cummings, 1980).

Wada et al. neatly summarise these concerns in their study on regional variation in temporary care institutions, stating that ‘the Child Welfare Act is supposed to set national standards for child welfare but we can see large differences between regions’ (2013: 1). This reflects a fundamental tension between the ideals of equality and those of the decentralisation of power.

Discretion lies at the heart of this tension. This thesis uses Davis’ broad definition of discretion: ‘A public officer has discretion wherever the effective limits on his power leave him free to make a choice among possible courses of action and inaction’ (1969: 4). While discretion is inevitable when street-level bureaucrats are faced with ‘complex tasks for which elaboration of rules, guidelines, or instructions cannot circumscribe the alternative’ (Lipsky, 1980: 15), exercising it raises concerns relating to democratic governance, fair and equitable treatment of citizens, and policy achievement (Meyers and Vorsanger, 2003). The extent to which the exercise of discretion is considered valid varies, for example across federal and ‘strong centre’ states (see Hill, 1997), or by the degree of professionalization of those implementing policy (Freidson, 2001; Evans, 2012).

The regional variation in the foster care rate and the varied response to the MHLW’s target of one-third foster care illuminates the gap between national and local authority. This

creates a space for regional variation in policy implementation, but does not explain the nature of this regional variation.

To understand this, we must shine a light into the ‘black box’ of the CGCs and explore how discretion is exercised. The absence of work addressing this is the second reason I am studying regional variation. Goodman notes that ‘there is virtually nothing written in English, not only on the child welfare services but indeed on personal social services in Japan in general’ (2000: 4). There is an absence of ethnographic work on CGCs, and an extremely limited amount of literature relating to the CGC’s decision-making process (see Harada, 2010; Kurihara, 2011). The CGC caseworkers remain ‘an important and understudied group’ (Goodman, 2000: 36).

The final reason why I am studying regional variation in policy implementation is that doing so allows us to interrogate explanations based upon *a* national culture. This follows the advice of Gjerde, who, in a similar vein to Gellner (1983), wrote: ‘Methodologically, it is essential to examine within-culture variability to avoid the stereotyping that easily results from analyses of between-culture main effects’ (1996: 294). This is particularly important in Japan, a country where Gjerde (1996: 294) argues that the diversity and heterogeneity of the country:

has long been blurred by the efforts of many Japanese intellectuals’ homogeneous characterizations of Japan based on long-existing ideologies emphasizing national distinctiveness and sameness... characterizations that make this diversity less immediately apparent and its analysis more difficult.

As noted earlier, I am not the first researcher to look at regional variation in alternative care in Japan: Wada et al. (2013) explore regional variation in temporary care, and Miwa (2012; 2016) and Matsumoto (1991) have touched tangentially on regional variation of the foster care rate. Other work includes Nabekura (2004), who highlights the large disparities between CWIs in educational attainment (see Appendix 2), and Hayashi et al. (2013), who study regional variation in foster care recruitment and registration. The 2011 survey by the National Child Guidance Centre Directors’ Committee also highlights regional variation in the structure of foster care service provision, though it does not explicitly problematize this (2011: 32). Finally,

Hayashi (2015) has also highlighted regional variation in adoption practice: in 2012-13 39.6 per cent of CGCs had no cases of adoption (Asahi Shinbun, 2015), a figure that rose to 45 per cent in 2013-14 (NHK, 2016).

This body of research describes regional variation but does not sufficiently address the ‘why’ questions: why are local authorities implementing uniform national legislation, policy, and guidelines differently? If expertise and caseload affect the foster care rate, why do some local authorities allocate more resources into foster care than others? Nor does this research address whether the CGCs understand key constructions uniformly, including their role, the child, the family, the goals of care, and the function of different placements.

Local authorities are more diverse now than they were in 2004; see Figures 16 and 17. This adds the questions: are practitioners problematizing the increased diversity in policy implementation? Are there actors arguing for equality over the devolution of power?

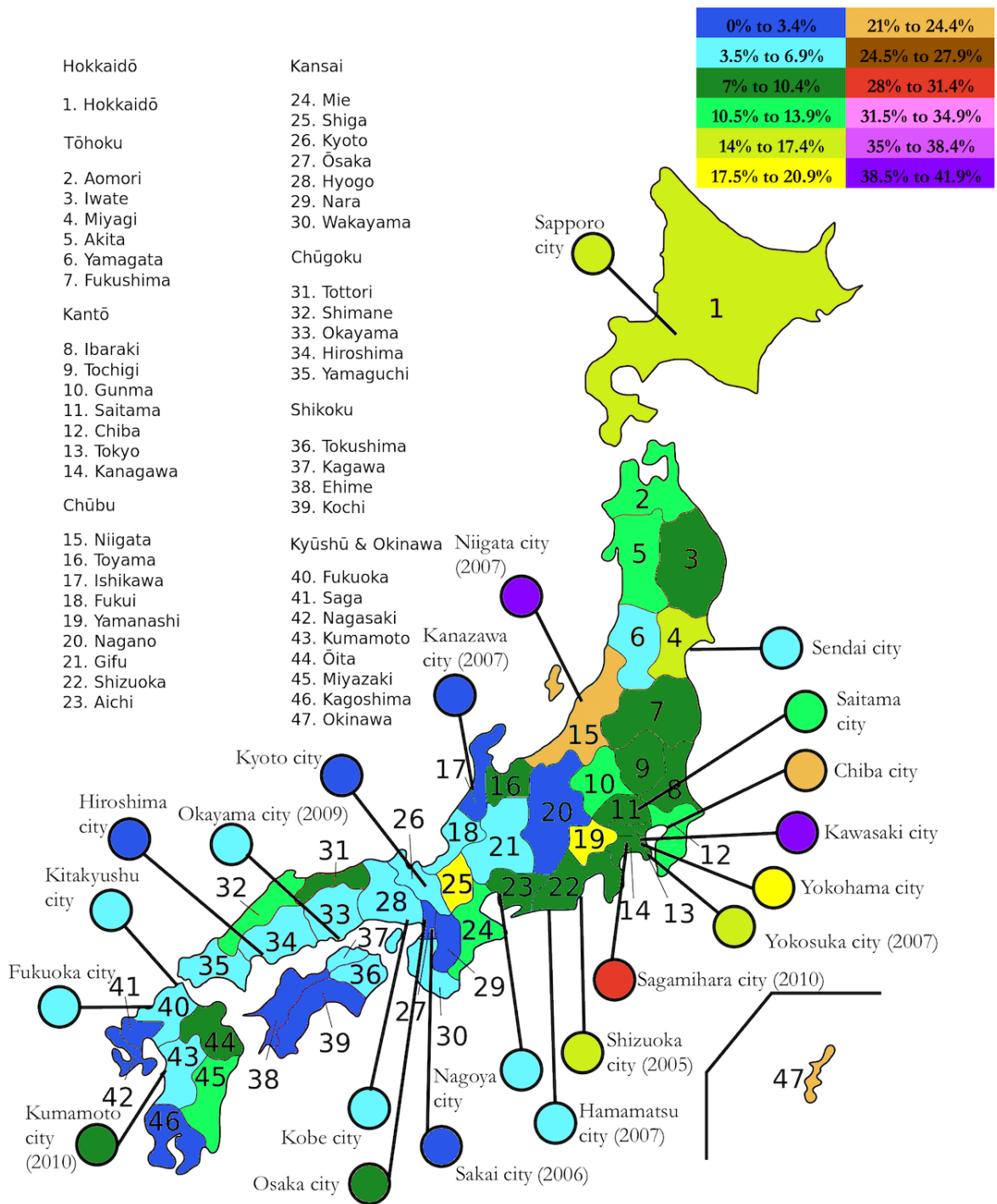
Regional variation in policy implementation forms the basis of the research question for this thesis, which is laid out in Chapter 2. Having established this regional variation, this chapter next outlines the theoretical framework before concluding with a roadmap of the thesis.

5. The theoretical framework

5.1 Introduction

The regional variation in alternative care echoes Kasza’s finding that ‘bureaucratic discretion marks the administration of Japan’s public assistance program’ (2006: 99; see also Seeleib-Kaiser, 1995). Goldfarb too, discussing children’s rights in ‘legal and policy initiatives’ (2013: 166) on alternative care, argues that ‘there remains a significant gap between laws and policies, and enforcement in daily practice’ (2013: 166). This casts caseworkers as powerful agents.

Figure 17: Mapping the foster care rate, 2004



Data Sources: MHLW Welfare administration reported cases

Yet Goldfarb (2013) also cites CGC staff defending themselves from accusations of negligence by arguing that they are constricted by systemic problems. This mirrors Rowe's observation that street-level bureaucrats 'talk of the rules that bind them. They bemoan the performance demands and scrutiny that comes with that. They readily cite financial constraints as a barrier to their work' (2012: 10). This speaks to a paradox that Lipsky (1980) explores, of street-level bureaucrats as powerful yet weak, as having agency yet being constrained.

This thesis uses Lipsky's (1980: 3) definition of street-level bureaucrats:

public service workers who interact with citizens in the course of their jobs, and who have substantial discretion in the execution of their work. Typical street-level bureaucrats are teachers... social workers... and many other public officials who grant access to government programs and provide services within them

Studies on street-level bureaucrats are either evaluation or implementation studies. This study is not evaluative, in part because before evaluating these actors it is first necessary to establish the frameworks of how actors understand their actions and decisions, what a Bourdieusian scholar would term their 'habitus'.³⁸ Moreover, I have moved away from what Ainsworth and Thoburn describe as 'the "foster care and adoption good, residential care bad" thinking that can come from an overly narrow interpretation of the UN... de-institutionalisation policies' (2014: 22; see also Goodman, 1999; 2000). In line with other implementation studies (see Bobrow, 2008; Goodman, 2006; Hann, 1996; Shore and Wright, 1997), this thesis utilises qualitative, ethnographic research methods aimed at understanding processes.

³⁸ Okano summarises this concept neatly: 'Habitus creates one's preferences and perception of feasible options and influences the evaluation of the pros and cons of these options. It is defined as the strategy-generating principle that improvises all the thoughts, perceptions, expressions, and actions of agents' (1995: 33).

5.2 How I understand the world

Even the best research often neglects an explanation of the researcher's foundational views on rationality and how agents act (Anfara and Mertz, 2006; Goodman, 2006; Miles and Huberman, 1994). This is particularly important to lay out in a doctoral thesis. My epistemological position is best described as 'historical institutionalism in a sociological perspective' (Hall, 2010: 216-9; Schmidt, 2011: 64). This builds on classic historical institutionalism, introducing a constructivist understanding of institutions from sociological institutionalism.

Historical institutionalism has 'a view of institutional development that emphasizes path dependence and unintended consequences' (Hall and Taylor, 1996: 938). Pierson's (2000) work on path dependency argues that the further down a path that an institution progresses, the larger the exist costs become. Large set-up costs, adaptive expectations, increasing effectiveness from learning, and increased coordination (Pierson, 2000: 254) result in systems that are resistant to change. Where systems interlock, path dependency is more likely (Pierson, 2000: 255; Beland and Cox, 2011: 11). Historical institutionalism takes as a foundation 'the contention that conflict among rival groups for scarce resources lies at the heart of politics' (Hall and Taylor, 1996: 937). It highlights the importance of 'asymmetries of power associated with the operation and development of institutions [and]... the contribution of other... factors, such as ideas' (Hall and Taylor, 1996: 938).

Sociological institutionalists 'define institutions... to include, not just formal rules, procedures and norms, but the symbol systems, cognitive scripts, and moral templates that provide the "frames of meaning" guiding human action' (Hall and Taylor, 1996: 947; see also Herzfeld, 1993). This draws on Parsons (1972) and Geertz (1973), who argue for a more tightly focused theoretical framework for understanding culture,³⁹ as well as bridging the conceptual gap between 'institutions' and 'culture' (Hall and Taylor, 1996: 947).

³⁹ These authors in turn are indebted to Kant. Parsons writes: 'Since Kant I think it is fair to say that the overwhelmingly dominant epistemological opinion has been that knowledge could not be interpreted

Sociological institutionalism accepts that actors are goal-orientated and act as they believe to be rational, but argues that what ‘an individual see as rational action is itself socially constructed’ (Hall and Taylor, 1996: 949). Sociological institutionalism is particularly focused on ‘the question of what confers “legitimacy” or “social appropriateness” on some institutional arrangements but not others’ (Hall and Taylor, 1996: 949). van Oorschot et al. argue that this has led to a ‘cultural turn... in the social sciences’ (2008: 3; see for example Aarre, 1998; Baldcock, 1999; Opielka, 2008; Pfau-Effinger, 2005; Russell and Edgar, 1998; Skocpol, 1985; Small et al., 2010). This has contributed to a renewed interest in ‘the relationship between ideas and institutions, ideas and interests, and ideas and change’ (Beland and Cox, 2011: 8).

Historical institutionalism in a sociological perspective is less rigid than sociological institutionalism (Hall, 2010; Schmidt, 2011) and is ‘more inclined to view institutions as objects of active reinterpretation’ (Hall, 2010: 217). Hall states that in this framework ‘The persistence of institutions is not a matter of unreflective adherence, but the outcome of exercises of power and interpretation, whose result is at best a contested stability’ (Hall, 2010: 217).⁴⁰ Along with Giddens, I argue that the *‘reflexive elaboration of frames of meaning is characteristically imbalanced in relation to the possession of power... “What passes for social reality” stands in immediate relation to the distribution of power’* (1993: 120, emphasis in original).

This relationship is not unidirectional. Beland and Cox argue that, ‘[i]deas... afford power to actors, and when the ideas are embedded in institutions, they also institutionalize, even legitimize, power differentials’ (2011: 9). Beland and Cox continue, noting that ‘studying institutionally embedded ideas can help explain the reproduction of inequalities and asymmetrical power relations’ (2011: 9).

simply as the intrusion into the human mind of “raw” data coming from the external world, on the assumption that the mind was some kind of purely passive photographic plate on which information from outside was registered. Knowledge, on the contrary, is the product of the combination of an input of what traditionally has been called “sense data” with cultural components, in Kantian terms, the categories, and certainly requiring the active agency of a knowing personality’ (1972: 260)

⁴⁰ Historical institutionalism in a sociological perspective is similar here to discursive institutionalism (see Schmidt, 2011) and constructivist institutionalism (see Hay, 2011).

The precise understanding of stability and change in institutions used in this research is taken from Mahoney and Thelen (2010). This builds on Pierson's later work, which relates path dependency to gradual change (Pierson, 2004: 82-91) rather than critical junctures or a 'punctuated-equilibrium' (Baumgartner and Jones, 1993). Mahoney and Thelen's work represents an extension and refinement of Streeck and Thelen's work on 'transformation without disruption' (2005: 4). Mahoney and Thelen (2010: 8-9) write:

There is nothing automatic, self-perpetuating, or self-reinforcing about institutional arrangements. Rather a dynamic component is built in; where institutions represent compromises or relatively durable though still contested settlements based on specific coalitional dynamics, they are always vulnerable to shifts. On this view change and stability are in fact inextricably linked. Those who benefit from existing arrangements may have an objective preference for continuity but ensuring such continuity requires the ongoing mobilization of political support.

5.3 My theoretical model

There are many models to organise the factors affecting how street-level bureaucrats implement policy. Meyers and Vorsanger argue the importance of context, as well as stating that there is a need to better integrate 'theories of how... political, organizational, and individual factors channel street-level discretion into specific directions through policy design, organizational features, and professional norms and culture' (2003: 251).

Meyers and Vorsanger (2003 p254, emphasis in original) argue that theory on street-level bureaucrats has been limited by:

the failure to specify the dimensions of street-level behaviour that matter for governance and policy achievement, and to identify the ways in which hierarchical control (for example, through policy design and supervision) *and* individual level incentives (such as professional norms and individual beliefs) interact to direct these behaviours.

May and Winter address this challenge by 'unpacking... the political and managerial influences on caseworkers' policy emphases' (2007: 453). May and Winter (2007: 454-455) argue that existing literature on street-level bureaucrats can be condensed into four sets of influences:

‘signals from political and administrative superiors about the content and importance of the policy’; ‘organizational implementation machinery’ that covers ‘organizational, managerial, and administrative imperatives’; ‘the knowledge and attitudes of the street-level bureaucrats concerning relevant tasks, their work situation, and clients’; and ‘contextual factors concerning workloads, client mix, and other external pressures’.

Hill (2013) offers a longer list, covering six types of factors: policy characteristics; the vertical layers of government (see also Hill 1997; Pressman and Wildavsky, 1973); the complexity and nature of horizontal inter-organisational relationships (see also Hill and Hupe, 2014); a broad category covering ‘factors affecting the responses of implementation agencies (their organisation, their disposition, and so on)’ (223), which ‘may be subdivided into issues about the overall characteristics of the agencies and issues about the behaviour of front-line (or street level) staff’ (223); ‘the impact of responses from those affected by the policy; and wider macro-environmental factors’ (223).

The theoretical model used in this thesis draws on these three models. It first establishes the *context* of policy implementation, in Chapters 4 and 5. Chapter 4 addresses the vertical and horizontal relationships that frame policy implementation, the organisational structure of the CGCs, and the decision-making process. Chapter 5 lays out the context of the ‘values’ of the caseworkers that frame how they approach alternative care. This focuses on how the construction of the family-bond as singular and exclusive acts as a ‘cognitive lock’, a concept ‘which Berman employs to explain how ideology can lead people to ignore certain types of policy solutions’ (Beland and Cox, 2011: 14). This context is understood as relatively uniform across local authorities, with differences in organisational and managerial factors explored later.

The thesis then groups the factors that impact upon those implementing policy and lead to regional variation into three categories: *resources*, *beliefs*, and *organisational culture*. This approach allows us to interrogate how these factors interact, with the organisational cultures of the CGCs understood as important in mediating the relationship between resources and beliefs. I do not

attempt to evaluate the relative strength of these factors. Instead I attempt to specify ‘the conditions under which these variables are important and the reasons we should expect them to be important’ (Matland, 1995: 153).

5.4 Caseworkers as street-level bureaucrats

This thesis classes CGC caseworkers as street-level bureaucrats. There are two characteristics of policy implementation in the CGCs that distinguish this work from most street-level bureaucrat studies: the CGC staff’s generalist status, and the power afforded to their ‘clients’.

Literature on street-level bureaucrats often distinguishes ‘professionals’, such as doctors, from ‘semi-professionals’ such as social workers (DiMaggio and Powell, 1983; Freidson, 2001; Evans, 2012). Hill and Hupe note ‘the particular emphasis in Lipsky’s book on aspects of professionalism or semi-professionalism which tend to engender a debate about the legitimacy of some forms of discretion’ (2014: 77; see also Evans, 2011).

While CGC caseworkers enjoy high status as government bureaucrats, they are neither professionals nor semi-professionals. The core of the CGC staff are generalists who rotate through offices. Kashiwame et al.’s (1995: 141) study on CGCs highlights the challenges this poses to the exercise of discretion:

There is a need for appropriate procedures, and reference to these in order to comply with impartiality and fairness in government services. However, the CGC carries out the specific criteria and procedures of administration, which in reality gives them a significant amount of discretion... Under the premise that those in the CGCs were experts, we could say that this is being left to professional discretion. In order to term it professional discretion we have to be able to see a shared standard of expertise in the CGCs and it is a prerequisite that the management is standardised... This equality of expertise and service provision should occur with the CGC acting under the MHLW guidelines for how to act... However, this study has shown considerable variation in the quantity and quality of expertise in CGCs and in the way that CGCs are run.

Meyers and Vorsanger (2003), May and Winter (2007) and Hill (2013) all note the importance of ‘professional norms’. Yet CGC caseworkers do not have ‘professional norms’

related to social work.⁴¹ May and Winter's finding that [t]he influence of politicians and managers... is relatively limited in comparison to the influences of caseworkers' understanding of policy goals, their professional knowledge, and their policy predispositions' (2007: 453) may be reversed here. In the absence of professional knowledge, and with limited policy predispositions or understanding of policy goals, caseworkers' beliefs are likely to be shaped by the organisational culture of their CGCs.

Given the lack of 'professional knowledge', it is necessary to start not with caseworkers' 'policy predispositions', as May and Winter (2007) do, but with their predispositions more generally. This approach is supported by Bradt et al.'s (2014) quantitative study on the impact of poverty on decision-making in alternative care. Bradt et al. find that decision-making in Flanders is influenced by 'a rather dominant social, cultural and historically rooted construction of middle-class family life' (2014: 2161), and argue that 'more empirical and particularly qualitative, in-depth research is necessary' (2014: 2173). Here I draw on the historical institutionalism in a sociological perspective framing this thesis, which emphasises the importance of ideas and of institutions as more than formal structures, as also encompassing frames of meaning.

The distinction between policy predispositions and predispositions echoes Sabatier's distinction between 'deep core', 'policy core' and 'secondary beliefs' (see Sabatier and Weible, 2007), and Parsons' (1935, 1972) distinction between values and norms. Parsons (1972: 263, emphasis in original) defines norms as:

not a category of interests or desires, but a category of what in some sense is desirable. Unlike values, however, we conceive of norms as relatively specifically situation-linked... One way of putting the distinction is to say that values serve to *legitimize* modes of more concrete action, whereas norms serve to *justify* them.

⁴¹ Caseworkers are likely to be affected by 'professional norms' of the Japanese bureaucracy.

Thus, in addition to exploring the context of organisational structures, in Chapter 4, this thesis also outlines the context of the caseworkers' values, in Chapter 5.

The second difference between CGC caseworkers and typical constructions of street-level bureaucrats lies in the power relationship between bureaucrat and client. In Lipsky's (1980) classic study clients are understood as 'non-voluntary' and as 'only having limited resources inasmuch as the street-level bureaucrats need their compliance for effective action' (Hill, 2013: 252). Hasenfeld and Steinmetz also argue that 'the power advantage social services agencies have enables them to exercise considerable control over the lives of the recipients of their services' (1981: 85).

Meyers and Vorsanger's observation that the implementation context varies 'based on the power of the target population' (2003: 252) adds nuance here. Dubois develops this, arguing that '[n]either impersonal bureaucrats nor standardised clients exist: only social agents with individual personalities who, within certain conditions and limits, are required to play the role of the impersonal or standardised bureaucrat and client' (2010: 3).

In almost all cases the CGCs require parental consent both to place the child into care and on the placement type. The minimal role of the judiciary (see Chapter 2) means that the CGC has minimal formal power over their 'client'.

There are studies on street-level bureaucrats that operate in similar circumstances to CGC caseworkers. Mashaw's (1983) work proposes three models built upon different constructions of justice. The first of these is the 'bureaucratic rationality' model, where relatively formulaic decisions are expected to reflect the policy makers' objectives, usually within a hierarchical organisation. The second model is 'professional treatment'. This model, which covers medicine, 'calls for the application of specialist skills in complex situations and where intuitive judgements are likely to be needed' (Hill, 2013: 264). The final model proposed is 'moral judgement'. This aims at conflict resolution, usually by independent organisations, and covers issues such as pollution control.

The CGCs appear to fit much of the ‘moral judgement’ model. Hill (2013: 266) notes that this model fits the work of police and other law enforcement agents, such as ‘public health inspectors, pollution control officials and factory inspectors’, before arguing that:

The difficulties that beset the police are even more likely to apply in relation to the wide range of civil law regulatory tasks that concern officials like this – where the ‘offenders’ see themselves as engaged in carrying out their legitimate business, not as polluters or producers of impure food etc.

For the caseworkers, it seems likely that the parents that they see as ‘offenders’ may see themselves as legitimately disciplining their child or may believe that this is a domestic matter.

This model requires the enforcement of standards that are likely to be disputed, and is likely to involve ‘conflicts of interest between those who are the source of the alleged problem and those who are affected by it’ (Hill, 2013: 266). The fact that the child may not consider themselves to be neglected or abused, that they may rather stay with the abusive parent than enter care, or that they may have accepted their situation as normal, may cause further challenges for the caseworkers.

Mashaw (1983) argues that in these situations policy implementation could be controversial. This is more likely when there is ‘an absence of unambiguous support for the enforcing agency’ (Hill, 2013: 266). This leads Hill (2013: 267) to argue that:

What is often involved in these cases, given that officials need to work very closely with the objects of their regulatory activities, is a process of bargaining between regulator and regulatee... Such bargaining will not merely deal with costs and consequences, but will also be likely to take into account past behaviour... and the likely impact of any outcome on the behaviour of others. Hanf has described this process as one of ‘co-production’ in which the determinants of regulatory behaviour need to be seen as ‘embedded in the social worlds within and outside the regulatory agency’ (Hanf in Hill, 1993, p. 109...).

In the case of the CGCs, the voluntary nature of almost all placements is likely to result in what Meyers and Vorsanger term ‘joint production’ of policy (2003: 246). For the CGCs the ‘joint-production’ of policy occurs not at the regulatory level, as is often the case in Mashaw’s moral judgement model, but, in a Lipskian sense, as the ‘decisions of street-level bureaucrats,

the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out' (Lipsky, 1980, pxii, emphasis in original). Again, this draws on the historical institutionalism in a sociological perspective approach, which emphasises the importance of the distribution of power in determining what is considered 'legitimate' or 'socially appropriate'.

The non-professional status of caseworkers and their limited power increases the importance of understanding the context in which they work. This chapter next outlines the remaining three categories of factors that influence street-level bureaucrats' exercise of discretion: resources, beliefs, and organisational cultures.

5.5 Resources

An examination of policy implementation must consider the resources available to the street-level bureaucrats. Meyers and Vorsanger (2003) note that 'front-line workers wield influence that goes well beyond their official positions in implementing systems; but they are also constrained in important respects by those systems' (251), and argue that '[i]f we fail to consider how the implementation context structures the job of front-line workers, we risk assigning them credit or blame for policy outcomes that are largely determined by features of the policy design, the organisational capacity or other implementation factors' (245-6).

This thesis starts this examination by exploring how a local authority's physical geography may impact upon policy implementation. This factor, which Hill may allude to in his acknowledgement of 'wider macro-environmental factors' (2013: 223), is routinely overlooked in policy implementation studies.

The thesis next considers the caseload of the caseworkers. Brodtkin argues that '[c]aseworkers, like other lower-level bureaucrats, do not do just what they want or just what they are told to want. They do what they can' (1997: 24). A high caseload can lead to 'either inconsistent and particularistic treatment of similar clients, or routinized treatment of clients

with dissimilar needs' (Meyers and Vorsanger, 2003: 247; see also Weatherley and Lipsky, 1977). It can also lead 'street level bureaucrats [to] develop methods of processing people in a relatively routine and stereotyped way' (Hill, 2013: 252). This 'stereotyping offers short-cuts to decision making on how to approach people, how to determine whether to act with suspicion and so on' (Hill, 2013: 255), what Satyamurti terms 'strategies of survival' (1981: 82). This issue is captured in the title of Giller and Morris's (1981) study on British social work: 'What type of case is this?'

We would anticipate regional variation in the caseload of the caseworkers based upon level of need and number of caseworkers. The level of need will be affected by 'actual' need and by the construction of the threshold at which state intervention into the family is considered appropriate. The number of caseworkers is likely to be influenced by the resources available, which in turn will be linked to local political attention to alternative care (May and Winter, 2007).

Meyers and Vorsanger (2003: 253) argue that:

Policies based on strong political consensus, for example, or those with strong political champions, are likely to command thoughtful policy designs and appropriate resources for implementing agents. Unresolved political conflicts on the other hand often result in ambiguous policy directives, poorly supported programs, or policies with deeply flawed theories of action.

This study next considers the 'capacity of the organizational delivery system' (Meyers and Vorsanger, 2003: 253; see also Winter, 2003). Here capacity is understood in four ways. The first is the general capacity of the CGC: the total resources, relative to the population served, that they have control over. The second is the specific capacity of the CGC to provide foster care. The third is the physical capacity of the care providers, the number of placements available in welfare institutions and in foster care. There may be a distinction between what Winter (2001) terms 'actual and perceived' capacity: not all registered foster parents, for example, may be considered suitable. The final aspect of 'capacity' is that of external bodies, such as non-profit organisations, which facilitate service provision.

One component of 'specific capacity' is the CGC's expertise in foster care (see May and Winter, 2007). It seems likely that the absence of 'professional norms' may inhibit expertise,

which could lead caseworkers, who have large caseloads, to routinize their work. Limited expertise may also increase the importance of the caseworkers' 'beliefs'.

Expertise is also likely to impact upon the power relationship between bureaucrat and client. We could hypothesise that caseworkers with a higher level of expertise would be empowered by their knowledge and more willing to act assertively in negotiations. An increased level of expertise in the CGCs may also increase their willingness to refer cases to the judiciary, which may in turn increase their power.

To summarise, in Chapter 6 this thesis considers the *resources* that impact upon policy implementation. These include the physical geography in which policy is implemented, the strength and nature of political attention to the issue, the general capacity of the implementing body and their specific capacity in relation to foster care, the capacity of the different service providers that the implementing body works with, in which actual and perceived capacity is distinguished, the caseload of those implementing policy, the expertise of those implementing policy and the impact this has upon the power relationship with the client, and the capacity of other bodies that facilitate policy implementation.

5.6 Beliefs

The second set of variables that impact upon policy implementation is *beliefs*. This builds on 'basic findings of prior literature that street-level factors concerning the policy understanding, knowledge, attitudes, and values of street-level bureaucrats are key influences on their behaviors' (May and Winter, 2007: 455). Maynard-Moody and Musheno argue that 'street level decisions and actions are guided less by rules, training, or procedures and more by beliefs and norms, especially beliefs and norms about what is fair' (2003: 6; see also Sandfort, 2000; Winter, 2000).

Meyers and Vorsanger (2003) identify two main categories of beliefs: 'socialisation into professional norms' (248) and 'personal beliefs about policy instrumentation and targets' (248). The lack of socialisation into professional norms, that in social work aim to promote a

theoretical, analytical, critical, or self-reflexive approach to policy implementation, is likely to increase the importance of caseworkers' personal beliefs.

This increases the possibility that: '[r]ather than relying on policy to guide so-called discretionary decisions about cases, workers first make judgements about the citizen-client and then turn to policy to help enact or, if negative, to rationalise their judgements' (Maynard-Moody and Musheno, 2003: 18). Hill notes that child social care work is a policy field in which there 'may be strong value systems' (2013: 260).

This thesis examines beliefs not only in relation to 'norms' about policy but also on the 'values' of those implementing policy. The regional variation in 'norms' on the goals of care, the function of different care placements, and the threshold up to which a child is seen as suitable for foster care are explored in Chapter 7 on the impact of *beliefs* on policy implementation, while the 'values' of those implementing policy on the family-bond are explored in Chapter 5.

5.7 Organisational culture

The lack of political attention or signalling on alternative care (see Chapters 2 and 4) and the absence of 'professional norms' lead us to hypothesise that caseworkers' norms are primarily shaped by the organisational cultures of their CGC. Meyers and Vorsanger argue that '[t]he organisations in which street level bureaucrats work function as policy instruments' (2003: 251). The organisational cultures of the CGCs also mediate the interaction between beliefs and resources. Thus, organisational culture can be understood both as structure and as mediating agency. As such, in Chapter 8 *organisational culture* is explored independently of resources and beliefs.

The importance of organisational culture is addressed in street-level bureaucrat literature: Preston-Shoot et al. argue that policy implementation is 'influenced by local management agendas and group professional cultures... the way things are done here' (2001:

9); Bloom et al. (2001) argue that caseworkers' understanding of their office's service approach is important; and May and Winter argue the importance of 'signals from political and administrative superiors about the content and the importance of the policy' (2007: 454; see also Ingram, 1990; Lynn et al., 2000; 2001; Meyers et al., 1998).

May and Winter summarise important factors here, noting 'organizational arrangements... administrative emphasis of policy goals... and managerial supervision' (2007: 454). Meyers and Vorsanger's (2003: 247) discussion on organisational control identifies several factors, including the relationship between new policies and 'existing performance monitoring systems and incentive structures', 'the organisational and task complexity', and the 'issue of resource constraints'.

Much of this literature focuses on managers. Within this, May and Winter (2007: 456) highlight supervision, 'the extent to which managers clearly communicate goals and expectations about how to handle different situations', and 'the extent to which decision-making authority is delegated to the frontlines'. Evans, too, argues that 'senior managers may influence both policy implementation directly and the context of discretion encountered by street-level bureaucrats' (2016: 603).

Murray's (2006) work on child protection in Scotland develops the idea of managerial expectations. Hill notes Murray's argument that caseworkers' actions 'that might be seen as disregarding policy... derive from assumptions of social workers about appropriate action which are shared by their immediate managers who tacitly condone this action' (2013: 260).

Work such as this leads Evans to argue that Lipsky's (1980) account of managers as the key regulators of discretion overlooks 'the role and influence of manager as policy actor' (2011: 371; see also Aronson and Smith, 2009). Evans questions the assumption that 'street-level bureaucracy theory shares... with much managerialist literature that managers and workers are separate and fundamentally antagonistic categories' (2011: 380-1), and argues that Lipsky's

account of managers gives ‘insufficient attention to the intersection of professionalism and management’ (2011: 371).

May and Winter (2007: 470) caution against overstating the importance of managers, stating:

The signaling of policy goals by municipal elected officials and managerial actions of employment services managers are relevant, but these factors seem to have a limited influence. More important are the understanding of the national policy by street-level bureaucrats and their knowledge of the rules under the reform. These likely come from other sources than political signaling and managerial actions. As aptly put by Brehm and Gates (1997, 202), substantial numbers of caseworkers seem to be “principled agents” in fulfilling their professional roles in implementing the national reforms.

The CGC caseworkers may well be ‘principled agents’, but in the absence of ‘professional roles’ these principles are more likely to relate to personal ‘values’ and ‘norms’. The lack of political and media attention on alternative care in Japan (see Chapters 2 and 4) is likely to increase the role of the CGC as mediator of information on policy goals. May and Winter’s finding that ‘increased municipal emphasis... has the strongest effects on policy actions when caseworker knowledge is weak’ (2007: 468) leads us to hypothesise that the limited expertise of the caseworkers will further strengthen the importance of organisational culture.

The CGCs managers are, like the caseworkers, generalists. This does not mean that they do not have their own policy agenda or beliefs. As such, this study examines the role managers play in the decision-making process: in how they structure the decision-making process, in the organisation of staff training, in the emphasis they give to policy goals, which may reflect their own ‘values’ and ‘norms’, and in how they supervise and monitor performance. The thesis also considers the role of management in determining the CGCs’ ability to acquire, retain, and use knowledge to change policy and practice.

Meyers and Vorsanger (2003: 248) argue the importance of the congruency of policies with the organisational context of the implementing agencies (see also Hill, 2013), citing Lin (2000: 162, emphasis added), who states that:

When policies are bent to purposes other than those that policymakers anticipated... it is not because staff do not understand their work. Instead, it is precisely because they try to make sense of their work, and thus to understand their jobs as a series of related tasks all bent towards the same purpose. This naturally leads them to refer each new policy *to the values that are most salient in their organisation*.

Sandfort (2000) argues that in understanding policy, street-level bureaucrats are 'guided largely by the shared knowledge and collective beliefs that staff developed to make sense of their day to day work' (Meyers and Vorsanger, 2003: 248). Meyers and Vorsanger (2003: 248) summarise Sandfort's findings, stating that:

When management initiatives were consistent with these collective schemas, front-line workers found it reasonable to comply with new directives. But when initiatives appeared illegitimate or disconnected from the realities of daily work, workers' collective schemas legitimated workers' pursuit of alternative objectives and definitions of success.

This suggests that in CGCs where caseworkers are not convinced about attempts to promote foster care they may obstruct or disengage from reform, even where their managers back the reforms. This builds on Sabatier's argument that the implementation of policy reform requires '*committed and skilful officials*' (1986: 23, emphasis added) – that is, caseworkers who are capable and who *believe* in the reform. This study does not assume that the relationship between managers and caseworkers is uniform across CGCs.

The term 'organisational culture' here draws on Weber's ideal types, many of which 'refer to collectivities rather than to the social actions of individuals, but social relationships within collectivities are always built upon the probability that component actors will engage in expected social actions' (Coser, 1977: 223-224). I share Dubois' construction of the relationship between the caseworker and the organisation as characterised by 'both a "social-bond" and coercion' (2010: 16), and recognise that the degree of cohesion of organisational cultures in different CGCs will vary, with senior management likely to play a critical role in determining both the nature and the strength of the organisational culture.

One theoretical contribution this thesis makes is to develop the construction of organisational cultures by drawing on Holliday's (1999) work on 'small cultures'. Holliday states

that this refers to ‘the composite of cohesive behaviour within any social grouping, and not to the differentiating features of prescribed ethnic, national and international entities’ (1999: 247).

Holliday’s model has been used in a Japanese context, in Aspinall’s (2006) explanation of policy failure in foreign language education. Aspinall (2006: 262, emphasis added) argues that this approach allows researchers to:

examine a given group of Japanese people without having to assume that the fact of their ‘Japaneseness’ alone determines or restricts their behaviour. We can acknowledge, however, that the culture of the community they have grown up in as well as the culture of *the particular institution or institutions where they spend the majority of their time* will have an influence on the make-up of their ‘small culture’.

Aspinall (2006: 271) continues:

Ethnographic research can examine what is going on in a small number of selected groups, but the only way to make sense of the picture as a whole is to discuss these interactions at the level of national norms and values that relate to teaching and learning. Political scientists are often unwilling to bring these factors into the explanatory picture because of concerns that they may be too vague or all-encompassing... one solution to this problem can be found in the paradigm of the ‘small culture’. This is because this paradigm explores the ways in which national and other norms of behaviour are reproduced, put into effect and, on occasion, undermined in the day-to-day interactions of small groups of teachers and learners in every part of the education system. The paradigm also makes no claim that national culture is the cause of behaviour in a simplistic or one-dimensional way. Rather it shows how individuals internalize national norms and how they can use national norms to justify patterns of behaviour.

The work on decision-making in the CGCs provides a unique insight into national values on the construction of the family-bond and allows us to examine how it is reproduced and challenged. Incorporating Holliday’s theory of ‘small cultures’ allows us to incorporate caseworkers’ values, as well as their norms, without falling into national-cultural determinism.

6. The structure of the thesis

Having introduced the topic and the alternative care system, outlined the variation in policy implementation over space and time, and mapped out the theoretical framework of context, resources, beliefs, and organisational culture, the thesis next introduces the literature review (Chapter 2) and the methodology and research methods (Chapter 3).

This thesis is then structured around the theoretical model. Chapters 4 and 5 consider the *context* of policy implementation. Chapter 4 covers policy change on foster care, the relationship between national and local authority, and fiscal incentives, as well as describing the CGCs in detail. Chapter 5 examines the context of the ‘values’ of those implementing policy. The thesis next addresses the impact of regional variation of *resources* (Chapter 6), *beliefs* (Chapter 7) and *organisational culture* (Chapter 8) on policy implementation. These are understood as interactive: resources impact upon beliefs and beliefs impact upon resources, with organisational culture mediating this interaction and influencing both resources and beliefs. Chapter 9, the concluding chapter, draws these threads together and considers the policy implications of this dissertation.

As a closing note, I have made the conscious decision to write this thesis in the ‘reveal’ style, to tell the story and crescendo up to the implications and conclusions, rather than to state my conclusions and then explain how I got to them.

Chapter Two. Literature Review

1. Introduction

This thesis investigates regional variation in the foster care rate. This chapter first reviews the literature on Japan's foster care rate, before reviewing literature that speaks to regional variation in policy implementation here. The first section is organised according to themes found in the literature, the second by the theoretical framework used in the thesis.

2. Why are so few of the children entering care placed into foster care?

2.1 Introduction

Japan's foster care rate is receiving increasing attention, both domestically and abroad. One international comparative study that considers Japan was carried out by Ainsworth and Thoburn (2014). This study divides alternative care systems into three types: Anglophone countries, which use residential care as a last resort; continental European countries, which see residential care as the most suitable placement for some children; and developing world and transition economies, which often believe large institutions are the only solution to overwhelming need and minimal resources. Residential care facilities in continental European countries are normally small, supported residential units run with a social pedagogical approach for older children with complex needs, which 'bear no resemblance to the large-scale institutional or congregate care facilities of the past that are still to be found in many developing and Eastern European 'transition' economies, and at which UNICEF's deinstitutionalisation policies are mainly aimed' (Ainsworth and Thoburn, 2014: 17).

Ainsworth and Thoburn offer tentative 'broad-brush partial explanations' (2014: 19) for Japan's low foster care rate, 'from the practical (the small size of most family homes) to the traditional (concern about taking a 'stranger' into the family...)' (2014: 19). Other international comparative work also draws on ideas of 'tradition' or *a* Japanese culture: Kendrick et al. write

that ‘traditional views of the family in Japan have led to the predominance of residential over foster care’ (2011: 6), Bamba emphasises the importance of ‘culturally embedded practices and beliefs’ (2010: 12), and Kadonaga and Fraser argue that ‘financed kinship care and foster family care have been viewed as incongruent with the blood-line values of Japanese culture’ (2015: 13).¹

Goldfarb challenges these explanations, stating that ‘there are many reasons for contemporary welfare practices, and the notion that Japanese people are unwilling to care for unrelated children is not a central factor... the culturalist explanations for welfare practices... [are] both insufficient and misleading’ (2012: 25). Kasza also argues that ‘culture has minimal explanatory power in relation to Japan’s welfare programs’ (2006: 109).

There are two issues with these sweeping cultural explanations. Goldfarb succinctly expresses the first, arguing that ‘cultural explanations tend to neglect the capacity of policies and practices to shift, and instead conflate current child welfare practice on the ground with an intransigent notion of timeless culture as a barrier to change’ (Forthcoming A). Yet policy and practice have changed, change that in some local authorities has been relatively rapid. The second issue is that explanations based upon a national culture cannot account for regional variation in policy implementation.

Miwa’s (2016) overview of the reasons given for Japan’s low foster care rate highlights that cultural explanations were not common in Japanese academia until the 1980s. In the 1950s explanations focused on concerns over child labour and foster parents wanting to adopt (Yamamoto, 1952, cited in Miwa, 2016). Arguments in the 1960s drew on Bowlby’s work on attachment (Tsuzaki, 2006) and the shortage of foster parents. This was understood as being the result of low fees and limited support (Miyoshi, 1963, cited in Miwa, 2016), and a lack of

¹ Similar explanations are offered for Japan’s low adoption rate. Hayes argues that ‘aspects of Japanese culture combine to reinforce some of these preferences in a way that tends to make adoptive parents unusually selective’ (2008: 90). Precisely what ‘aspects of Japanese culture’ is left unclear, and this argument does not consider the lengthy waiting lists of would-be adopters. N.B. Kadonaga and Fraser’s article contains serious factual errors.

public awareness of foster care (Ogasawara, 1967, cited in Miwa, 2016). In the 1970s arguments focused on the lack of specialist knowledge in CGCs, where foster care was still confused with adoption (Matsumoto, 1971; 1974, cited in Miwa, 2016).

Cultural explanations gained traction in the 1980s, including Iwasaki's (1986) work centred on the limited reach of Christianity in Japan (cited in Miwa, 2016). Other explanations focused on urbanisation, the nuclearisation of the family, a declining living environment, and a declining birth-rate (Yoshizawa, 1987, cited in Miwa, 2016). The 1990s saw a focus on the lack of support for foster parents, which, combined with a discourse that increasingly saw childrearing as inherently challenging, led to the idea of a threshold of complexity of needs, above which children were not seen as suitable for foster care (see Sakurai, 1999; Shoji et al., 1998, both cited in Miwa, 2016).

Much of the research on foster care in the 2000s rehashes existing themes (Miwa, 2016). Exceptions include Miyajima (2001), who provides insight into the challenges CGCs face in using foster care, including gaining parental consent (see also Hasegawa, 1984), and Tsuzaki (2006; 2009), who considers macro-factors, including the lack of a social work profession.

The most original work since 2010 on Japan's foster care rate is by Miwa (2011; 2012; 2014; 2016). This argues that there is limited empirical evidence for the contemporary focus on the lack of foster parents. Instead, Miwa argues, the issues are a 'lack of children eligible to be fostered' (2016), the CGCs' lack of knowledge and heavy workload (2011; 2012; 2014), and the welfare institutions' negative attitude towards foster care (2016).

The literature review on Japan's low foster care rate is split into three sections. The first looks at the lack of political attention and argues that this has contributed to change being incremental, inertial, and path dependent. The second looks at the beliefs of those implementing policy on the goals of care and the functions of different care placements in achieving these goals. The final section looks at the limited resources available to the CGCs.

2.2 Political attention and the validity of the state intervening in the family

Miwa's (2016) discussion of the impact of political attention on alternative care divides the post-war period into two: 1945 to 2000, and 2000 onwards. Miwa (2016) argues that prior to 2000 there was little political attention here – a view shared by Nakagawa, who attributes this to the fact that 'the public has very little consciousness of alternative care' (2010: 46). Miwa argues that pre-2000 the government's approach to foster care was ambiguous (see also Kashiwame, 2010), and that this may have inhibited CGC attempts to reform practice.

Kashiwame argues that the lack of political attention means that contemporary practice 'continues from the past, with distortions unsuited to the present day' (2010: 8), and calls for a 'change [to] the foundations of the child welfare system' (Kashiwame, 2011: 2).² Expressing concerns over path-dependency, Kashiwame writes: '[f]or children robbed of their upbringing in a home, providing a home for them to be raised in is obvious. Isn't the strange thing thinking that institutions are the norm?' (2010: 6).

Harada also examines the lack of political attention, arguing that 'simply put, foster care was long considered a less urgent policy issue than those affecting the general population' (2013: 19). Goodman too, addressing the lack of change in CWI for fifty years states: 'the simple answer is that there was no pressure—either internally or externally—for them to alter the way they operated' (2000: 13).

Miwa (2016) argues that between 2000 and 2003 there was a discernible shift in the approach of the MHLW towards foster care.³ Miwa (2016) caveats this by noting that the upswing in foster care, starting in the early 1990s, predates government attention, and suggests that political attention may have contributed to, rather than triggered, change.

² It is possible that the 2016 amendment to the Child Welfare Act has the potential to do this.

³ It is unclear what led to this change. There was external pressure from the UN (Goldfarb, 2013; Goodman, 2000), which was used by domestic advocates of change (Tsuzaki, 2006), but there is little evidence that this had an impact on the MHLW until the 2011 'Foster Care Guidelines', which Miwa (2012) argues were partly in response to the 2009 UN 'Guidelines on the Alternative Care of Children'.

The limited political attention to alternative care may be related to the central role assigned to the family in the welfare state (see Campbell, 2002; Estevez-Abe, 2008; Goldfarb, 2016a; Schoppa, 2006). This role has been justified as ‘natural’, and as the result of ‘traditional’ and ‘historical’ practices (Goodman, 2000: 26). Mackie describes how contemporary welfare practices in Japan not only work on the assumption of ‘heterosexual nuclear families with a male breadwinner and a female caregiver... but they also help to legitimate, reinforce and even possibly construct it’ (2002: 206). This leads Goldfarb to argue, along ‘with Elizabeth Povinelli... that in Japan, “the recognition of peoples’ worth, of their human and civil rights, always seem[s] to be hanging on the more or less fragile branches of a family tree” (2002: 215)’ (N.D.).

Goldfarb (2012) argues that the family’s central role in welfare inhibits state intervention in the family. This reluctance may have served to reinforce, or may have been reinforced by, the widespread belief held as late as the 1990s that parental rights were ‘virtually inviolable, and a child was seen by and large as the property of the parent’ (Goodman, 2002a: 21).

Goldfarb notes that, ‘[w]hen CGCs were first established, there was no focus on intervening into or addressing child maltreatment, which was not yet recognized as a social problem’ (2012: 34). The belief that the domestic sphere was beyond the acceptable boundary of state intervention was altered by the ‘discovery of child abuse’ in the 1990s (Goodman, 2000: 160-174). Goodman tracks a paradigm shift from the late 1980s, when ‘the majority of Japanese, including many professionals in child welfare, believed that there was no, or virtually no, child abuse in Japan’ (2000: 160), to a few years later where child abuse ‘took on the aura of a moral panic... that it was endemic’ (2000: 171). In 2002, Goodman argued that ‘the “discovery” of child abuse in Japan has already had profound effects for the relation between the state and families and for the development of Japanese social policy towards children’ (2002b: 157). This manifested in some CGCs being willing to be more interventionist (Kashiwame et al., 2012).

Goldfarb argues that the discovery of abuse created a tension in the construction of the family, as ‘simultaneously... “in crisis”, and yet the family form itself is powerfully naturalized as supportive, nurturing, and requisite for the creation of healthy human relationships’ (2012: 13). The justification of the family’s role as ‘traditional’ and ‘historical’ meant that these challenges were ‘often represented as a pathology of modernity’ (Goldfarb, 2013: 145; see also Motomori, 2016), centred on fears around ‘the family’s imminent collapse, the loss of ‘traditional’ values, and the decline of Japanese society itself’ (Goldfarb, 2012: 1).

These fears often touched on the nuclearisation of the family and the belief that families are now isolated from communities (see Bamba and Haight, 2007; Nakagawa, 2010; Sakakibara, interview, 2014).⁴ It is possible that the speed of the nuclearisation of the family (Sugimoto, 2010) contributes to this focus. It is also possible that the reframing of the Japanese family, which came after a decade of recession, relates to a shift in discourse from looking to explain Japan’s strength to looking to explain its decline (Goodman, 2002b).

As Harada (2010) notes, it is impossible to determine whether the increase in reported abuse cases reflects an increased awareness of abuse or an increase in abuse. The ‘discovery’ of abuse and the increased number of children entering care parallel a prolonged period of economic stagnation and recession that ‘has resulted in rising poverty without a concomitant boost in social welfare provision’ (Goldfarb, 2012: 30; see also Harada, 2010). There is a growing body of work in Japan that links poverty with abuse (see Kato, 2014; Matsumoto ed., 2010; Matsumoto ed., 2013; Mochizuki et al., 2014; Negishi, 2014) and this, along with a sense that the welfare state is increasingly struggling to support the family (Aoyama et al., 2015; Goodman, 2012; Rebbick and Takenaka, 2006; Ronald and Alexy, 2011), may have increased the amount of abuse as well as the validity of state intervention.⁵

⁴ Concerns over the family also relate to the increased number of women working, divorces and family disassociations, and single parents, as well as the falling total fertility rate. These societal level changes contribute to the ongoing re-evaluation of the family and the household.

⁵ These concerns are found in other countries (see Bradt et al., 2014; McConnell et al., 2006; Roose et al., 2014).

It is hard to assess the extent of the change in the relationship between state and family. The fact that ‘by the end of the decade [1990s], the idea of children being endowed with their own rights had gained enormous ground’ (Goodman, 2002a: 21) does signify radical change, but the relatively recent nature of this change may mean that it has not permeated the practice of the judiciary and CGCs. While abuse has been seen as endemic since the late 1990s, for example, it was only in 2012 that Tokyo opened a centre to record and review all deaths from abuse (Kato, 2014).

This may help explain the gap between predictions of the alternative care system being on the cusp of change (see Bamba and Haight, 2009a; 2009b; Goodman, 1999; 2000; 2012)⁶ and Goldfarb’s observation that ‘many people who had dedicated their lives to transforming or improving the child welfare system asserted over and over again that the system would never dramatically change’ (2012: 75; see also Kubo, 2014).

The literature suggests that that the lack of political attention to alternative care until 2000 contributed to change being incremental, inertial, and path-dependent. The literature also suggests that the limited validity of state intervention may be connected to the construction of the role of the family in the welfare state, a construction that the ‘discovery’ of child abuse has challenged. We have also seen changes in economic conditions that may have increased the number of children in need of alternative care, which in turn may have increased the validity of state intervention. It is possible that the extended role of the state may have been overstated, and the relatively recent nature of this change may have limited the extent to which it has permeated practice. It seems likely that both the lack of political attention and the limited validity of state intervention into the family both serve to limit the foster care rate.

⁶ These beliefs may partly stem from these researchers conducting the bulk of their fieldwork in more ‘progressive’ CWIs.

2.3 The goals of care

Academics have attempted to establish an international comparative framework for alternative care systems (Courtney and Hughes-Heuring, 2009; Ezell et al., 2011; Knorth, et al., 2008; Negishi, 2014). These often take the ‘goals’ of alternative care as a key variable. Gilbert’s (2012) model is the most nuanced of these and is used here.

Gilbert’s (1997) work classified alternative care systems as being orientated towards child protection or family service (see also Buchanan, 1996; Goodman, 2012; Lepore, 2016). Gilbert’s (2012) work (see Figure 18) argues that a third orientation has emerged, of child development. These orientations can be understood as the primary ‘goal’ of each care system.

Figure 18: Gilbert’s orientations of alternative care systems

Three orientations to child maltreatment: child development, family service, and child protection.

	Child protection	Family service	Child development
Problem frame	Deviant behavior and dysfunctional parenting	Social/psychological stress, and family issues	Child’s developmental needs and unequal outcomes for children
Mode of intervention	Legalistic/investigative	Therapeutic/needs assessment	Early intervention and regulatory/need assessment
State–parent relationship	Adversarial–state sanctioning parental misbehavior and using coercive powers for involuntary out of home placement	Partnership, with state seeking to strengthen family relations and – voluntary out of home placement	Substitutive/paternalistic – with state assuming family responsibilities for support and care

Source: Gilbert, 2012: 533

Gilbert argues that different conceptualisations of abuse lead to different modes of intervention and a different relationship between the state and the parent. ‘Child protection’, which characterizes the problem of abuse as deviant behaviour of dysfunctional parents, sees the government responding in a legalistic manner, with an adversarial state-parent relationship and high rates of involuntary out-of-home placement. ‘Family service’, which characterizes abuse as arising from social or psychological stress and family issues, aims to strengthen family relationships with therapeutic needs-based intervention, based upon a cooperative state-parent relationship. ‘Child development orientation’, which aims at a constructive balance between child protection and family service, builds on the state’s role in promoting child development

that largely stemmed from the UN Convention on the Rights of the Child (1989). Gilbert argues that countries now operate hybrid systems.

In 2013 Kawamatsu, the MHLW bureaucrat responsible for the CGCs, wrote an article that suggests that the MHLW is aiming at a hybrid approach. This defines ‘the best interests of the child’ in the short term as involving accurate risk assessment to ensure safety, and in the long term as focusing on the child’s healthy growth and development, their capacity to become a self-actualised adult, and the existence of family, or family-like, relationships and connections.

However, other literature suggests a gap between these aims and practice. Harada’s (2010) estimate that only 4 per cent of placements *due to abuse* in 2006 were involuntary suggest that Japan does not fit the ‘child protection’ orientation (see also Zenshakyō, 2008).

The lengthy stays in care suggests a ‘substitutive/paternalistic’ state-parent relationship, found in the ‘child development’ orientation. Yet the mode of intervention cannot be described as ‘early intervention’, and children’s developmental needs are only prioritised for children entering specialist institutions due to mental health issues or disabilities, or where the goal of care is the cultivation of self-reliance.

Abe’s construction of abuse suggests a ‘family service’ orientation: ‘the guardian abusing the child will be wrapped up in various problems and without resolving the problems facing the family they will not be able to stop child abuse. Because of that, the CGC and local authority need the cooperation of the family’ (2014: 2). Goodman’s observation that abusive parents at times receive sympathy from the public for the circumstances that contributed to their behaviour (2002b), and the voluntary nature of most placements, add weight to this categorisation.

Yet Japan does not fit the therapeutic mode of intervention of the ‘family service’ orientation. Therapeutic interventions in other OECD countries normally aim at short, intensive stays in care, coupled with work to prepare the family for the child to return home

(see Mulheir and Browne, 2007). Alternative care in Japan is rarely framed as therapeutic,⁷ and despite studies on the role welfare institutions can play in facilitating family reintegration (see Aizawa, 2011; Toma, 2014), and studies showing the abuse risk for children returned home without support (Yamamoto et al., 2010; 2011; 2013),⁸ Yamamoto et al. found that only 52 per cent of children returning home from CWIs and 40.5 per cent of those from temporary care had a ‘step by step approach to rebuilding contact with parent and child’ (2013: 143; see also Saimura et al., 2007; Yamamoto et al., 2009; 2010; 2012).

Furthermore, placements in Japan are lengthier than in many other countries: Tsutsui and Otaga contrast Japan, where 49 per cent of children are in care for over five years, with America, where only 11.3 per cent of children are in care for over five years (2011: 406).⁹

There have been different responses to the lack of therapeutic support. Yamamoto et al. (2008) argue that as each parent requires individualised support, developing CGC caseworkers’ experience is critical. Similar findings led Saimura et al. (2005) to argue for more training for CGC caseworkers and clinical psychologists, as well as to investigate what approach worked for different types of parents (Saimura et al., 2006). In contrast, Ogiso argues for strengthening welfare institutions, rather than CGCs, as ‘it has been pointed out since long ago that there are many legal limits on the amount of guidance that can be given in Japan’ (2010: 405; see also Harada, 2010).

⁷ Child self-reliance support institutions, for children with behavioural issues bordering on criminal, and the specialist institutions serving children with serious disabilities, IQs under 70, or very complex behavioural issues could be considered therapeutic. ‘Short-term therapeutic institutions for children with mental disabilities’ explicitly aim at a therapeutic intervention and family reintegration. These institutions have a suggested placement length of up to two years, though, as noted in Chapter 1, 42.2 per cent of children currently in these institutions have been there for over two years (MHLW, 2016a: 78). Matsuura argues that the child self-reliance support institutions are ‘correctional educational facilities’ (2011: 281) where, within 12 to 18 months, which is the normal placement length, ‘most admitted juveniles who have reactive attachment disorder... come to show stable attachment behaviours’ (2011: 283).

⁸ Yamamoto et al. (2013) found that 44.2 per cent of those returning home from CWI and 68.3 per cent of those returning home from temporary care were considered at risk of further abuse.

⁹ The average placement length in the current CWI is 4.6 years (Goldfarb, 2012: 27). As children sometimes move to a second institution, the average total time in care for some is longer than this. A 2011 survey of Tokyo careleavers showed that 20 per cent of careleavers surveyed had been in care for 5 to 10 years, 19 per cent had been in care for 10 to 15 years, and 17 per cent had spent over 15 years in care (Tokyo, 2011a; 2011b).

This presents a puzzle. The goal of care appears to be ‘family service’ or ‘child development’, a position supported by Harada’s statement that from a legal perspective there are two goals of care, family reunification or the development of self-reliance (2013) – yet the mode of intervention is neither therapeutic nor early intervention. Nor is the mode of intervention legalistic. So how do the CGCs intervene, how do they attempt to achieve the goals of family reunification or self-reliance, and what functions do different care placements play in achieving these goals? Furthermore, do all local authorities understand these constructions uniformly?

2.4 The function of different care placements

With around 300 adoptions each year (Mehrotra et al., 2013: 842), adoption plays a minimal role in alternative care. While some argue for a greater role for adoption (Tokotani, 2009; Tokunaga, 2012), systemic issues (Bryant, 1990; Goldfarb, 2016b; Hayes and Habu, 2006; Hideki, 2013; Moriguchi, 2010; Ochi, 2008; Shirai, 2010, 2014; Tokunaga, 2012), most notably the absence of judicial involvement, means that CGCs effectively ‘provide adoption services only when the parents express a wish to place their child for adoption’ (Harada, 2010: 231).

This means that long-term foster care is sometimes used as ‘quasi-adoption’. Harada argues that this has ‘obscured the basic characteristic of foster parents’ rights and responsibilities’ (2014: 1) and created a distinction in the function of foster care and welfare institutions that does not exist in the legal framework of care (2013). Miyajima (2001: 34) provides evidence of this:

When a child goes to a child welfare institution the child guidance centre fills out a form with the details on the child and this is basis for how to care for them. It is unclear whether we should fill in the same form when a child goes to foster care, unclear in legal terms and seems to depend on whether foster parent is someone you can trust with this kind of information.

Paradoxically, the use of some foster care as quasi-adoption makes caseworkers apprehensive that some registered foster parents want to adopt (Fukaya et al., 2013; Miyajima,

2001; Omori, 2016). A National Foster Care Association newsletter addressed this; in the ‘Foster Care Q&A for Beginners’ section, one foster parent writes that ‘I have no natal child and want to adopt. When I went to the CGC they recommended that I register as a ‘regular’ foster carer.’ The editor’s response highlighted both the ‘large numbers of foster carers who secretly want to adopt’, and the fact that ‘this can cause problems in the future for the system as foster care is different’ (2012: 17; see also Goldfarb, 2015). Yamamoto’s 1952 work (cited in Miwa, 2016) demonstrates that these are longstanding concerns.

Kikuchi (2007) argues that this confusion stems from the wording of the Child Welfare Act, which describes foster care as for ‘children with no guardians or for children who it is not suitable for their parents to raise them’ (Article 6-3). Kikuchi (2007) argues that this wording, unchanged even with the introduction of specialist foster parents in 2002, was written for post-war orphans, and that it frames foster care as a replacement family.¹⁰

Miyajima argues that some within CGCs fear that placing a child in ‘foster care could cut the relationship with the natal parent’ (2001: 35). Goldfarb develops this (2012: 9-10, emphasis added), arguing that:

although both institutional and foster caregivers might be engaging in similar practices, the embodied intimacies, reiterated over time, between children and foster parents have the capacity to engender new kinship ties that are seen to threaten the bonds between a natal parent and child... *Implied within this logic is a perception that parent-child ties cannot be multiple: a child’s relationship with a caregiver who acts like a parent threatens the child’s tie to his or her actual parent.*

Goldfarb adds: ‘[j]ust like adoption, many people—caseworkers, institutional caregivers, and perhaps even foster parents themselves—perceive foster care as a threat to a birth parent’s potential relationship with a child, *but my interlocutors never made explicit the reasons why*’ (2012: 98,

¹⁰ Confusion between foster care and adoption is common: A 2016 survey of 3,000 people by the Nippon Foundation found that only 19.7 per cent knew the difference between the two. Ironically, some of those highlighting this confusion may have inadvertently contributed to it. Murata’s (2006) work highlights this as contributing to the low foster care rate, yet her (2005) book on foster care is titled ‘Making a family: The way of life of regular foster parents’.

emphasis added). This value, of the family-bond as singular and exclusive, is evidenced in Chapter 5 and underpins my arguments on the function of foster care.

Goldfarb (2012) also highlights the challenges of deconstructing these family ties beyond ‘blood’ and ‘legal’ bonds. The analysis of the decision-making process for children entering care allows us to do this – a significant contribution of this thesis.

Goldfarb argues that this construction of foster care results in caseworkers using welfare institutions ‘if there is any possibility of that child’s reunion with biological kin’ (2012: 47; see also Kikuchi, 2007; Miyajima, 2001). Goldfarb states: ‘[i]f placement in an institution does not “cut the parent-child bond,” it is precisely because parents may figure the institution as an open-ended space for waiting’ (2012: 103). Here Goldfarb references a CWI staff member, who stated: ‘[w]e are not raising these children. We are temporality [sic] entrusted with their care (*azukatteimasu*)’ (2012: 103).

Yamanta’s (1995) work suggests that this is also true for BIWI placements. Yamanta argues that even where a child will be fostered or adopted they are normally placed into a BIWI for one or two years to give the parent time to reflect, as well as to check whether the child has any disability that could lead foster or adoptive parents to ‘reject’ them (1995). This occurs even when the parents have intentionally abandoned their child in the Kumamoto ‘baby post’ (Goldfarb, 2016b; Ochi, 2008).

Returning to Gilbert’s (2012) framework, do we simply construct foster care as serving ‘child development’ and welfare institutions as serving ‘family service’ goals? The literature supports the claim that CWI facilitates ‘family service’ goals, but does not make clear which care placement is seen as best facilitating ‘child development’.

It is also important to note that not all foster care is constructed as quasi-adoption. Omori’s (2016: 214) work on foster parents who belong to the *Tenri* religion¹¹ argues:

¹¹ *Tenri kyō* is a Japanese new religion with around 1.2 million followers (Omori, 2016). It originates from the teachings of Nakayama Miki (1798-1887) and emphasises charitable acts. In explaining why so many

while Tenri foster parents build and maintain fictive kinship with children in state care, these foster parents tend to use the framework of Tenri cosmology to conceive of their child as ‘temporarily entrusted’ to them. This contrasts starkly with non-Tenri foster parents, who often aspire to keep the child as their own.

While Omori overstates the homogeneity of non-Tenri foster parents, her observation of the different motivations and beliefs of foster parents is invaluable. This is also found in Kumasaka and Aiba’s (1968) work on two communities where fostering was common: in one, three-quarters of registered foster parents wanted to adopt, while in the second only four of 23 wanted to adopt and there was a sense of foster care as being ‘professional’.

There are still differences in how foster parents understand foster care. Omori references a 2008 survey of foster parents, which found that ‘31.4% of foster family households answered that they ‘want to raise children’; 21.8% said that they ‘want to adopt children’; and 37.1% said they were motivated by their ‘understanding of child welfare’ (2016: 226). There is also variation in what foster parents classify as necessary competencies to foster (Shoji et al., 2010; Suga, 2014).

Omori also argues that while foster care is sometimes constructed as a ‘permanent’ placement,¹² the fact that natal parents can remove the child at any time takes an emotional toll on the foster parents, leading them to construct the natal parents as a ‘threat’ (2016). This could limit the CGCs’ confidence in foster parents facilitating family reunification.

Kashiwame’s (2010) account of a discussion at the National Family Home Association’s annual conference also speaks to the diversity of the function of foster care.¹³ Kashiwame recounts how one panellist ‘spoke of their unease of the transition from foster care to family homes as it now seemed to be a “business”’ (2010: 9), despite the fact that family homes were introduced explicitly with the idea that the foster parents could earn a sufficient income to live.

followers of *Tenri* foster, Omori quotes foster parents who cited Nakayama Miki’s words, ‘There is no greater salvation than to care for and raise another person’s child’ (2016: 216).

¹² Harada (2013) highlights the lack of discourse on ‘permanency’ in Japan (see also Kikuchi, 2007).

¹³ Family homes care for up to six children with two foster parents and one additional carer.

Foster care, then, can be constructed on a spectrum between ‘quasi-adoption’ and ‘quasi-professional’.

There are several hypotheses for Japan’s low foster care rate that we can draw from the literature on the goals of care and the functions of different placements. The construction of some foster care as ‘quasi-adoption’ may limit the number of children for whom foster care is seen as suitable. The construction of the family-bond as singular and exclusive, if evidenced, increases the likelihood that foster care is seen as a threat to the existing family-bond and thus is less likely to be used where the goal of care is family reunification. The limited number of foster parents who are seen as capable of providing ‘quasi-professional’ care may inhibit the use of foster care. Finally, Miyajima argues that within CGCs there is ‘a consciousness that foster care is a special or exceptional thing. That is, welfare institutions are the foundation’ (2001: 34; see also Furukawa, 2007).

Chapter 7 explores regional variation in the construction of the goals of care and of the functions of different care placements. The following section addresses the resources available to the CGCs.

2.5 Resources

2.5.1 The judiciary and parental consent

Miwa argues that the primary constraint on foster care is the ‘lack of children seen as eligible for foster care’ (2016: 10). The literature examined so far suggests that eligibility is determined by the CGCs’ constructions of the goal of care, the functions of each care placement, and the threshold above which a child is seen as too complex for foster care.

The parents’ construction of these factors is also critical. The CGC ‘can act without parental consent only in the case of temporary measures to safeguard a child.’ (Goldfarb, 2012: 26). A CGC can place a child into care only where the parental rights holder has been informed and does not oppose the placement (Goldfarb, 2013; Kubo, 2014), or by court order. Courts

can order a partial suspension of parental rights allowing a two-year placement into care, the suspension of all parent rights for two years, the cutting of parental rights (Harada, 2010), or the cutting of the parental right to manage the child's assets.

Harada notes that the two-year partial and full suspension of parental rights can only be renewed when the CGC can demonstrate that the 'child will be abused, significantly neglected or extremely harmed by the parent unless the social care placement is continued' (2010: 227).¹⁴ Parental rights are rarely cut: Bamba and Haight note that in 2007, of 40,649 cases of reported abuse, CGCs appealed for forfeiture in four cases, of which one was successful (2011).¹⁵ Harada notes that even when cut, parental rights can be restored (2010).

The need for parental consent limits the CGCs' capacity to place children into care. Harada cites a 2005 study of Tokyo CGCs that found that 'parental consent was quickly or fairly easily obtained in 49.6% of cases... [and] after intensive efforts to convince parents in 31.0% of cases' (2010: 226). Harada continues: 'the plan of placement was abandoned because parental consent was not obtained or because the social workers could not even talk to the parents in 14.9% of the cases. The centres filed a petition for court approval of an involuntary placement in only 4.5% of the cases' (2010: 226-227). Inaction sometimes results in death; the Japanese Federation of Bar Associations stated that in 2005 'CGCs were already involved in almost 20 percent of known abuse cases that resulted in a child's death' (Goldfarb, 2013: 164). The voluntary nature of placements also limits the CGC's ability to prevent parents removing their children from care. Kubo, the first full-time CGC lawyer, concludes that 'the participation of the judiciary in child abuse in our country is equal to nothing' (2014: 242).

¹⁴ Harada (2010) notes the paradox that while involuntary placements into care, which are often for serious abuse, have a two-year limit and require the CGC to pursue family reintegration, voluntary placements have no time-limit.

¹⁵ Academic literature suggests there are institutional factors that mean legal interventions are rare in Japan (see Ginsberg and Hoetker, 2006; Hill, 2003; Kanazawa and Miller, 2000; Mouer and Sugimoto, 2002; West, 2011).

Harada (2010) argues that there are ‘technical difficulties’ and ‘structural difficulties’ in CGCs taking a legalistic approach. These include limited expertise on legal procedures and a fear of damaging the relationship between the CGC and the family, which is central to facilitating family reintegration (Goldfarb, 2013; Harada, 2010; Kurihara, 2011).

Sato, a CGC caseworker, argues that the dual responsibility of investigating abuse and building a relationship with the parent to facilitate family support represents a fundamental tension for caseworkers (2009). Sato (2009) argues that for CGC staff to be able to do the ‘social work’ of their role, they need more support from the police (see also Kadonaga and Fraser, 2015; Yamamoto and Niuro, 2009; Yamamoto and Sato, 2008) and the judiciary (see also Kubo, 2012; 2014; Kurihara, 2011; Miyajima, 2001; Tsuzaki, 2008).

The need for parental consent strengthens the parents’ ability to determine the placement type, and parental preference for institutional care over foster care is well documented (MHLW, 2012a: 28; Tsuzaki, 2009).

Fukaya et al. describe this limit on the caseworkers’ discretion as ‘the wall of parental rights’ (2013: 33). The challenges this creates prompted Goldfarb to describe casework as an ‘intensely emotional form of labour’ (2016b; see also Kashiwame, 2011). This extends to securing consent for foster care placements.

This leads Saimura et al. (2002a) to argue for more involvement from the family courts in the decision-making process, though Harada notes that ‘we will have to overcome many challenges, both technical and philosophical, since our child welfare system has been operating without court authority for many years’ (2010: 233).¹⁶

The position of the courts is not unrelated to public opinion, public norms, or the beliefs of CGC caseworkers. Indeed, Goldfarb argues that there ‘is a perception, among the public in general, child welfare practitioners, and family court officers, that biological parental rights to

¹⁶ Harada notes that the lack of judicial oversight cuts both ways, with current procedures ‘insufficient to provide due process of law for the guardian’ (2010: 224).

decide a child's living arrangement and eventually retain custody should guide child welfare placements' (Goldfarb, Forthcoming B). While the positions of the court and the CGC are not unrelated, Yoshiaki argues convincingly that the courts have a higher threshold for removing a child than do the CGCs (2000; see also Kubo, 2012).

Ironically, judicial unwillingness to intervene in families may inhibit the capacity of CGCs to facilitate family reunification. Where the placement is voluntary the parental rights holder can remove the child at any time (Goldfarb, 2016b). This increases CGC caution over contacting the parent (Yamamoto et al., 2010) and the importance of the CGC's relationship with the parent. In Harada's words, 'if the child guidance centre's relationship with the parent is destroyed, reunification will be impossible, since there is no effective measure to encourage the parent to cooperate with the centre's services' (2010: 231).

Gilbert argues that the 'family service' orientation is built upon a cooperative partnership (2012). In Japan, this partnership appears to be an unequal one, where the parent has the power and interventions are based upon what the parent will allow rather than what the caseworker deems necessary. It is possible that the CGCs' awareness of the limited ability to facilitate family reunification serves to increase their caution over removing the child and their apprehension about foster care.

The literature review suggests that the need for parental consent inhibits the CGCs' ability to use foster care in three ways. First, foster care can only be used where the guardian is informed and does not oppose the placement. Second, the need to gain parental consent for the placement into care makes securing this, rather than the preferred placement type, the caseworker's primary concern. Finally, it is possible that the need for consent limits the number of children entering care, and that this increases competition between institutions and foster parents. Miwa (2016) argues that CGCs are likely to have different approaches to acquiring parental consent. This may be affected by the resources available to the CGC, most notably in expertise, and the organisational culture of the CGC.

2.5.2 Workload

Each CGC caseworker has an average of 107 active cases (Saimura, 2008). This, combined with the regular rotation of caseworkers, means that caseworkers cannot ‘track any individual’s progression or assess placement outcomes’ (Goldfarb, 2012: 102) and cannot fully investigate some cases (Goodman, 2000; Miwa, 2012; 2016; Miyajima, 2001).¹⁷

The street-level bureaucrat literature (see Chapter 1) argues that a high caseload can lead to similar cases being treated differently, and different cases being treated uniformly. A placement into foster care requires more CGC resources than an institutional placement (Goldfarb, Forthcoming B; Miwa, 2012; Miyajima, 2001). Miyajima (2001) breaks this process down: the caseworker must first gain parental consent before working with the foster care caseworker to match the child with a foster parent. There is then an ‘acclimatisation’ process, wherein the relationship is developed over a period of months or years. Finally, while a placement into an institution is ‘wholesale delegation’ (Suga, 2014: 149)¹⁸ that represents the end of a case for the CGC (Hayes and Habu, 2006; Sadaka, 2007), foster care requires more post-placement support (Miyajima, 2001).

Miwa’s (2012; 2014) statistical analysis of the relationship between reported abuse and the foster care rate finds two mechanisms: an increase in the number of children entering care, which correlates to an increased foster care rate, and an increase in the number of caseworkers. Public and political attention on abuse led to a revision of Article 2 of the Child Welfare Act Enforcement Order in 2005, changing the threshold of one caseworker per 100,000 to 130,000 people to one for every 50,000 to 80,000 people (Miwa, 2012). This reduced the caseworkers’

¹⁷ CGCs only investigate cases reported to them. Kashiwame (2010; 2011), Kashiwame et al. (2012) and Saimura et al. (2000; 2010; 2014) argue that CGCs need to work more closely with local municipal offices, in part to identify children at risk (see Abe, 2014; Tashiro and Yamamoto, 2011). There have been calls for a greater role for NPOs, including in reporting and investigating suspected abuse (see Mother and Child Wellbeing Around the World, 2014).

¹⁸ This phrase, *marunage*, is also used by Tsuzaki (2009: 157)

caseload.¹⁹ Miwa found that local authorities where CGC caseworkers had a higher caseload were more likely to have a low foster care rate than those where caseworkers had a lower caseload (2012).

Concerns over high caseloads led Saimura et al. to argue that ‘in order to meet recent needs, it is indispensable to secure the apposite numbers of human resources in the CGC’ (2010: 181; see also Takahashi et al., 2010). Murata notes the challenges local authorities face in doing this and calls on central government to support these efforts (2006).

2.5.3 Expertise

CGC caseworkers lack expertise (Imanishi et al., 2015; Ushijima and Yukawa, 1975) and ‘don’t have a sufficient system to develop specialist knowledge’ (Miwa, 2016: 8). There are two reasons for this. The first is because ‘Japan has no equivalent of British/North American state social work system’ (Tsuzaki, 2006), a reality that Tsuzaki calls ‘the most fundamental failure in the system of social work/services in Japan over the last half century’ (2006). The second reason is the limited capacity of the CGC to acquire, retain, and change practice based upon knowledge. Staff rotation (Miwa, 2014; 2016) and limited training (Saimura et al., 2000) mean that CGCs are continually having to fight knowledge loss.

Saimura et al. (2014: 190), discussing CGC attempts to facilitate family reintegration, argue that the lack of systems for sharing knowledge and practice inhibits reform:

Amid calls emphasising the importance of supporting abusive guardians, many organisations, starting with the child guidance centres but also including child welfare institutions and NPOs, are trying various practices. However, for the majority of these mutual information and knowledge are not shared and these attempts are carried out separately and individually. This means we are losing time in establishing effective methods for supporting these guardians.

¹⁹ One limitation of Miwa’s studies is that they do not consider the increased proportion of cases involving abuse, which Saimura et al.’s (2004) work demonstrates take up more time than ‘non-abuse’ cases. Saimura et al.’s (2004) replication of Kashiwame et al.’s (1995) time-study of caseworkers found that caseworkers were busier in 2004 than in 1995.

This evolution in isolation (see also Saimura et al., 2007; Harada, 2013) contributes to the ‘considerable variation in the quantity and quality of expertise in child guidance centres and in the way that child guidance centres are run’ (Kashiwame et al., 1995: 141).

The lack of specialist knowledge in CGCs is understood as limiting the foster care rate (Fukaya et al., 2013; Miwa, 2016; Nishizawa, 1987; Saimura et al., 2002b; Takahashi et al., 2010). These works build on Matsumoto’s (1991) research, which found regional variation in CGCs’ expertise on foster care and posited a correlation between this and foster care rates. These studies almost invariably conclude by calling for CGCs’ specialist knowledge to be strengthened (see Kashiwame et al., 1995; Saimura et al., 2004; Ushijima and Yukawa, 1975).

There has been an increase in the number of caseworkers tasked with supporting foster parents. Miwa (2016) tracks the transition from 1991, where few CGC had staff dedicated to foster care support, through 2003, where 35 of 153 CGCs had a foster care caseworker, to 2014 where only 4.9 per cent of CGCs had no foster care caseworker. Miwa argues that it is likely that the increase in foster care caseworkers has a positive impact on the foster care rate (2016), though qualifies this by noting that in 2003 only 10 of the 35 caseworkers worked exclusively on foster care (Miwa, 2016), a figure that rose to 22 by 2011 (Miwa, 2012). Murata (2011) found that in Aichi Prefecture foster care caseworkers only spent 10 per cent of their time on foster care. Further, foster care caseworkers often have limited relevant experience. Miwa cites the 2014 national survey of CGCs that found that 75.5 per cent of foster care caseworkers had served for under three years, and notes that it ‘would seem this would place a limit on how much specialist knowledge can be developed’ (2016: 8).

The CGCs also face challenges in retaining knowledge. In 2014 55.4 per cent of CGCs had one staff member working on foster care, leaving them vulnerable to knowledge loss with staff rotation (Miwa, 2014). Sadaka (2007) argues that staff rotation also limits the ability of the CGC to build supporting relationships with foster parents (see also Goldfarb, 2012). Ito’s (2015)

survey of five local authorities, which found that 26 per cent of foster parents found it hard to talk to their CGC, supports this argument.

While there are difficulties in measuring both the quality and quantity of expertise on foster care, it seems likely that the limited expertise, on both foster care and social work more generally,²⁰ serves to inhibit the foster care rate. Further, the absence of a body of social workers, who can be an important force for policy and practice change (see Gal and Weiss-Gal, 2013), removes another potential driver for reform.

2.5.4 Service provider, service regulator

The CGCs normally act as service provider for foster care and as service regulator for institutional care. This impacts upon the foster care rate in three ways. The first is that a placement into foster care requires more resources than an institutional placement (Miyajima, 2001; Tsuzaki, 2009). There are external foster care service providers, but these currently have a limited role. The first foster parent support agencies came in 2008 and were classified as ‘foster care service agencies’ in 2011 (Hirada, 2014). Hirada notes that because ‘this is a business run on national subsidies there are difficulties in providing sufficient care’ (2014: 143).

Hirada (2014) argues that these fiscal difficulties, which were anticipated, contributed to the creation of the ‘specialist counsellor for foster care support’ in BIWIs and CWIs in 2012. These counsellors have three roles: to promote placement changes from their institutions to foster care, to support these children before and after the placement change, and to support local foster parents (Hirada, 2014). Hirada’s (2014) survey of these counsellors suggests serious issues: 94 per cent of counsellors felt that they needed training, and comments included the need for ‘clarification of their role’ and questioned: ‘Why are welfare institutions providing foster care support?’

²⁰ Goodman argues that local authorities with a higher proportion of staff with specialist social welfare qualifications have ‘often been at the forefront of social work practice’ (2000: 37).

The second reason why the service provider role may limit foster care relates to perceived risk to the child. Goodman notes that ‘the provision of welfare services has been very largely through private institutions and organisations... overseen and regulated (though often at some remove) by public agencies’ (2008: 101; see also Goldfarb, 2013). Where the CGC is not confident in their ability to provide services they will see foster care as carrying more risk to the child.

The final reason why the service provider role may limit foster care relates to risk to the organisation. As the service provider, the CGCs hold more responsibility for any issues that occur in a foster care placement than those in institutional placements (Kikuchi, 2007; Miwa, 2016). ‘Political concerns with the avoidance of blame and culpability’ (Evans, 2016: 603) help explain Goldfarb’s (2013) and Tsuzaki’s (2009) finding that abuse in foster care has a greater impact on CGC practice than abuse in institutions.

2.5.5 The amount of foster care and institutional care available to the CGC

Japan’s alternative care system grew exponentially after World War II. Goodman writes that the number of BIWIs increased from 19 in 1945 to 131 in 1960 (2000: 46), and that 297 of the 520 CWIs (in 1998) had been founded between 1945 and 1955 (2000: 52). There was a concurrent increase in the use of foster care, though ‘in almost all cases... the natal family and the fostering family knew each other’ (Goodman, 2000: 141) and there was ‘very little state support... and... no system to check on the well-being of the child’ (Goodman, 2000: 141; see also Kumasaka and Aiba, 1968).

Following this initial growth there was a steady decline in the number of children entering care until around 1995. Goodman (2000: 51-52) notes that:

In total in 1955 there were 528 *yogoshisetsu* [CWI] offering places to almost 33,000 children. In the following forty years the number of homes scarcely changed, so that in 1995 there was exactly the same number of homes, though with almost 7,000 fewer children. Over this forty-year period, however, the number of public homes more than halved (from 110 to fifty).

The competition between private and public CWIs, and between institutions and foster parents, can be understood in terms of supply and demand. The decreasing supply of children entering the system increased demand for the limited ‘resource’ of children.²¹ The private CWIs were the most organised in protecting their interests (Hirada, 2014; Ito et al., 2014; Miwa, 2014), with the foster care rate increasing when the institutions were full and declining when the institutions were at a lower capacity (see Kashiwame, 2010; Miyajima, 2007; Tsuzaki, 2009; Yoshida, 2008). This led Tsuzaki to argue that foster care has acted primarily as a ‘safety valve’ (2006), to absorb overflow. Miwa’s work supports this argument until around 2000, at which point the increasing number of children coming into care served to dampen this competition (2014).

The ‘lack of foster parents’ is often cited to explain Japan’s low foster care rate (see Harada, 2013; Tsutsui and Otaga, 2011).²² Miwa argues that while this ‘has been a focal point of research, there is limited empirical evidence for this and some data contradicts this hypothesis’ (2016: 4). Miwa argues that the number of registered but unused foster parents shows that ‘the essence of the problem is not the lack of people wanting to become foster parents but rather the fact that we are in a situation where we cannot effectively use people who do want to be foster parents’ (2016: 11; see also Suga, 2014).

From this literature, we can hypothesise that the limited number of children entering care, relative to the number of institutional care placements available, served to inhibit the development of foster care. We would thus expect local authorities that have less capacity in welfare institutions, relative to their population, to have a higher foster care rate. We would also expect local authorities that had seen a greater increase in the number of children entering care

²¹ The construction of supply and demand is not a static one. The CGCs can take change the number of available foster parents and, less directly, the number of institutional placements. Similarly, changes in the construction and awareness of abuse impact upon the number of children needing alternative care.

²² There is an almost total absence of literature on the role of LGBT fostering, in part due to the very limited role afforded to the LGBT community here. Fuji (2013) highlights the lack of foster parents and calls for the LGBT community to be allowed to play a greater role here.

to have a higher foster care rate than those which had seen a smaller increase. These two hypotheses are likely to interact, with local authorities where the welfare institutions are full and there is an increase in the number of children entering care more likely to develop foster care services than local authorities where the welfare institutions are operating under capacity.

2.5.6 The CGCs' evaluation of the quality of care available to them

The large numbers of registered but unused foster parents (Miwa, 2016) suggests that caseworkers understand capacity in terms of both quality and quantity. The low foster care rate may reflect a belief that some registered foster parents are unsuitable, or that institutions provide better care. This section examines the literature that speaks to this evaluation.

At the turn of the millennium Goodman (1999; 2000; 2002b) argued that competition for children was likely to result in improvements in the quality of care, highlighting as an example the new role of psychotherapists in the CWI. Goldfarb's observation, a decade later, that '[i]n the majority of children's homes in Japan, psychotherapy is rarely used' (2012: 56) suggests that this competition has had limited effect on practice. Despite this, the perception of imminent reform may have limited CGC concerns about institutional care.

The CWIs actively promote their image, including by highlighting reform, for example in reducing unit size (see Bamba, 2010). This too may allay CGC concerns. There are also cultural justifications offered for the use of CWIs. For example, Bamba and Haight argue the importance of the 'cultural context [for] everyday socialization beliefs and practices' (Bamba and Haight, 2009a: 429) and highlight the CWIs' role in cultural socialisation. CWIs often draw on their extensive histories and 'Japaneseness' to legitimise current practice (Goodman, 2000).²³ This may shape the CGCs' perception of the quality of the welfare institutions.

²³ See Kojima (2013), who argues that his CWI is continuing the 'original spirit' of Dr Barnardo. This contrasts with Hosoi (2012), who argues that deinstitutionalisation in Japan could learn from the changing mission of Barnardo's in the UK.

Academically, these cultural explanations are unsatisfying. First, it is unclear why children in institutions should be subjected to a different ‘cultural context’ from children in families. Second, arguments based on the CWIs meeting culturally required needs, such as Bamba and Haight’s argument that CWIs provide ‘*Ibasbo* (a place necessary to psychological well-being where one feels peace, security, acceptance and belonging), *anshin-kan* (a sense of security), and *mimamori* (the practice of watching over others carefully as a protective figure)’ (2009a: 429), do not consider whether foster care could provide these. Third, the limitations in CWIs in providing these is rarely explored: Bamba and Haight argue, for example, both that welfare institutions can promote a child’s sense of *ibasbo*, a sense of belonging (2007), and that extended institutionalisation can impede the creation of *ibasbo* (2009b), without disentangling this.

Concerns over the quality of welfare institutions, notably following abuse scandals, often act as a trigger for de-institutionalisation (see Bullock and McSherry, 2009; Gilligan, 2009; Stein, 2006; 2014). Abuse within CWIs also occurs in Japan (Goodman, 2000; Tajima, 2014) but this has had a limited effect on practice. Goodman argues that this is because cases are framed as ‘the problematic behaviour of an individual member or small group of staff’ (2000: 122) rather than as a systemic problem. Murata (2006) argues that the low public consciousness of welfare institutions, and of alternative care more broadly (see also Nakagawa, 2010), also limits the reaction to abuse scandals. Abuse within institutions may impact upon practice at a local authority level.

Another driver of change worldwide has been the voice of careleavers, which until recently has been largely silent in Japan (see Goldfarb, 2016c; Paige and Clark, 2010; Stein, 2014; Tsuzaki, 2009; 2011). A ‘National Children’s Voice Conference’ was shut down by the National CWI Association when stories of abuse leaked to the press (Tsuzaki, 2006). Tsuzaki (2006) argues that:

Government officials were totally silent and apathetic towards this episode, suggesting implicitly where [they] stand and whom they support. This episode vividly shows the very nature of [the] child welfare situation in Japan where the vested interests overrides the best interests of children in state care.

There has been a gradual increase in academic attention on careleavers since the 2006 publication of Tsuzaki's translation of Goodman's (2000) work on CWIs (Nagano and Arimura, 2014). This includes work addressing careleavers and social exclusion (Nishida et al., 2011; Taniguchi, 2011), poverty (Matsumoto, 1987), life chances (Nagano, 2008), employment (Arimura, 2012) and education (Nabekura, 2004; Nagano, 2008; 2012). There are also works addressing the challenges faced by those leaving care at 15 years of age (Tsuboi, 2011) and the challenge of leaving care at 18 years old, since legal adulthood is 20 (Hanada et al., 2015;²⁴ HRW, 2014). The most comprehensive study on careleavers, by Nagano and Arimura (2014), found that careleavers fare significantly worse than the general population.

These works are contributing to increased concerns about welfare institutions. Yamazaki et al.'s research, based on self-reporting from BIWIs, found that 41.4 per cent of BIWIs said that babies and infants in their care had attachment issues, a figure that rose to 47.3 per cent for babies and infants in their care for over 24 months (2009: 15; see also Goldfarb, 2012).²⁵ There are also concerns about the CWIs: Nakagawa, highlighting the low staff-to-child ratio in CWIs, argues that the current state of CWIs 'could do serious damage to the future of this country' (2010: 45). The most impactful work here is the 2014 Human Rights Watch report 'Without Dreams'. This discourse may also be influencing the CGCs' evaluation of the quality of welfare institutions.

The CGCs must also evaluate the quality of available foster care. This evaluation will be affected by the CGCs' confidence in their ability to provide foster care and their construction of the 'threshold' up to which children are seen as suitable for foster care.

²⁴ This work has many factual errors.

²⁵ It is possible that the common use of the term '*shisetsu no ko*', children of the institution, by practitioners (Goldfarb, 2012: 58) reflects an awareness of the impact institutionalisation can have.

Foster care is often framed as ‘amateur’ care provided by ‘volunteers’ (Goodman, 2000; Miwa, 2014). This influences the perception of quality (see Shoji et al., 2010) and implicitly contrasts with the ‘professional’ care of institutions (Goodman, 2000: 144). Paradoxically, foster parents who are seen to be motivated by money are often considered unsuitable (Goldfarb, Forthcoming A; Goodman, 2000; Kashiwame, 2010).²⁶

‘Specialist foster parents’, who have taken national training and receive a higher allowance, can be understood as ‘semi-professional’. Some researchers argue that there are not enough ‘specialist’ foster parents (Aizawa, 2011; Miyajima, 2001), though Sadaka (2007) finds that ‘specialist foster parents’ are often used to care for ‘regular’ children.

Miyajima (2001) lays out some of the CGCs’ concerns about foster care. This highlights the lack of support facilitating self-reliance for children leaving care, the lack of peer support, and the limited numbers of foster parents who can provide temporary care, as well as noting concerns over divorce or the death of a carer (2001). Goldfarb notes that CGCs also have concerns about the impact of placement breakdown on foster parents (2012). These concerns lead CGCs to fear abuse in foster care (Miyajima, 2001), a fear amplified by national attention to abuse cases in foster care in 2002 and 2009 (Goldfarb, 2012; 2013; Miwa, 2016). This fear partly stems from CGCs’ limited confidence in providing foster care.

This service provision begins with registration: Miyajima states that ‘there is a delicate aspect to registration. Registration does not equal can use this foster parent’ (2001: 40; see also Miwa, 2016). The national standards for foster parent registration were eased in 1987 to facilitate recruitment (Goodman, 2000). Sakai’s (2005) study on 15 local authorities, of which 12 registered all applicants and only one registered under 90 per cent of applicants, suggests that standards may have been lowered too far. Hayashi et al. (2013) found that only 15 of 54

²⁶ Registered foster carers have an average income above the national average (MHLW, 2009a: 15).

CGCs had guidance for registering foster parents, while 12 of 56 CGCs did not have standardised application forms.

The challenges in assessing foster parents are exacerbated by the limited opportunities CGC staff have to get to know the foster parents (Miyajima, 2001), and by knowledge loss from staff rotation. Tanaka (2008) argues that this increases pressure in matching children to foster parents, which increases risk avoidance and placements into welfare institutions (see also Miwa, 2016). The CGC must also support foster parents. Miwa argues that ‘the lack of support for foster parents led to caution in the use of foster care more generally’ (2016: 7), while Komatsu argues that foster parents in Japan are ‘[m]ore than anywhere else... squeezed between low practical support on the one hand and high expectations on the other’ (1992, cited in Goodman, 2000: 143).

The evaluation of foster care sits within a broader discourse on childrearing. In the 1990s childrearing came to be seen as inherently challenging (Miwa, 2016). The discourse on the ‘myth of motherhood’ (Ohinata, 1995), which stemmed from older beliefs on the ‘good wife, wise mother’ (Holloway, 2010: 3-10), argued the importance of the mother staying at home until the child was three (Goodman, 2002a: 19) and emphasised the role of mothers in education (Allison, 2000; Rosenbaum and Kariya, 2003) and welfare provision (Goodman, 2002b: 148).²⁷

Mothers faced intense pressure to conform to this norm (Fujita, 1989).²⁸ There have been attempts to alleviate this, in part motivated by a concern over the declining birth-rate and a desire to get more women into work.²⁹ These include the 1994 ‘Angel Plan’, the 1999 ‘New Angel Plan’, the 2004 ‘Plan for Supporting Children and Childcare’ and the 2010 ‘Child and Childrearing Vision’. The first and last of these use the rhetoric of moving the ‘burden of

²⁷ Working-class mothers are more likely to frame employment as part of being a good mother (Ezawa, 2011). See Ishii-Kuntz (1993) for a discussion on fathers.

²⁸ Hertog’s (2008; 2009) work illustrates that this pressure led some pregnant single women to frame their decision to have an abortion as ‘better’ for a child than being raised in a non-standard family.

²⁹ Japan ranked 101st out of 142 countries for gender equality in the World Economic Forum (2015) Global Gender Gap Index Report.

childrearing off the family' to 'all society supporting child rearing'. Despite these attempts, childrearing is often framed as a burden rather than a joy (Holloway, 2010) and Japanese mothers report low levels of self-confidence in their mothering skills (Bornstein et al., 1998). At times this is medicalised, with terms such as 'child rearing neurosis' and 'mother-pathogenic disease' applied to 'alienated' mothers in nuclear households (Sugimoto, 2010: 184).

Goodman argues that the construction of child-rearing as a burden leads foster parents to be 'seen as exceptional, "self-sacrificing" people (*tokushika*), definitely unusual and perhaps even a little strange' (2000: 142). The Ministry of Foreign Affairs also notes the common belief in the 'general public... that one must be an extraordinary philanthropist to become a foster parent' (1996).

Miwa (2016, referencing Shoji et al., 1998 and Sakurai, 1999) argues that this discourse led to the idea of a threshold of the complexity of needs, above which children are seen as 'unsuitable' for foster care. Ito et al.'s study of specialist foster care counsellors in welfare institutions, which found a belief that there is a need to 'secure and train foster parents who can accept children with diverse needs' (2014: 27), suggests that at least some practitioners hold this viewpoint.

This leads us to hypothesise that the construction of childrearing as a burden has served to inhibit the foster care rate through two mechanisms: the construction of foster parents as unusual people, and the construction of a threshold of a child's needs above which foster care is seen as unsuitable. This threshold is likely to be affected by each CGC's confidence in their ability to support foster care.

Concerns over the quality of care have led to the creation of a new publishing sub-genre on how to care, often penned by practitioners for practitioners (see Doi, 2009; Kanai, 2015). There are also calls for a more evidence-based approach (see Tsutsui and Otaga, 2011). It is possible that concerns over both foster and institutional placement contribute to the low number of children taken into care.

There is likely to be regional variation in how the quality of the available institutional care and foster care is evaluated. Tsutsui and Otaga's (2011) work on the lack of quality control mechanisms in alternative care suggests that there may also be variation in the 'actual' quality of institutional and foster care, both within and across local authorities (see also Goldfarb, Forthcoming C).

This literature review has so far examined work addressing the low foster care rate. The next section considers how regional variation in these and other factors may contribute to differences in policy implementation.

3. Why is there regional variation in policy implementation on foster care?

3.1 Introduction

In their time-study of CGC staff, Kashiwame et al. found 'discrepancies between the centres in the way that they dealt with such issues as protective care, delinquency, truancy, the rearing of children and mental and physical disabilities' as well as 'differences in involvement of specialist staff, team approach, etc.' (1996: 173). These findings were replicated in later work by Saimura et al. (2007; 2014). Kashiwame et al. (1996) concluded their study by calling for further research on team structure and the role of specialist staff.

This regional variation can also be seen in adoption and foster care (Asahi Shinbun, 2016; MHLW Specialist Committee for the Promotion of Placements into Foster Care (MHLW SC), 2013a). Hayes, discussing adoption reform, argues that '[a]lthough these problems are systemic, the decentralized structure of Japan's adoption service has tended to limit reform efforts to a local level' (2008: 82).³⁰

³⁰ A 2013 MHLW survey of CGCs found that 39.6 per cent of CGCs had no adoption, 23.4 per cent placed one child, 17.3 per cent placed two children, and 17.3 per cent placed three or more children (Asahi Shinbun, 2016).

There is a tension between the desire for ‘national standards for child welfare’ (Wada et al., 2013) and the desire to devolve power and responsibility for alternative care to local authorities. This led Kashiwame et al. to argue: ‘[t]here is quite a wide range in the way the [child guidance] centres are operated and in order to guarantee the equality, fairness, and securing of children’s rights, it is recognised that a certain set of guidelines should be produced’ (1995: 141). This call was repeated in 2007 by an MHLW committee, which ‘recommended that the national government provide a basic planning guideline to avoid disparity in foster care services among prefectures’ (Harada, 2013: 19). This resulted in the 2011 Foster Care Guidelines, which called for foster care to be the ‘default’ placement. Despite this, there is still considerable regional variation in policy implementation.

This thesis investigates this regional variation. The unit of analysis is the CGC, rather than the local authority, partly as I could not collect rich data at the city/prefectural hall or at every CGC in the local authorities where I conducted fieldwork. It is also due to the emphasis that my theoretical framework places on the organisational culture of the specific implementing organisation. The research question addressed in this thesis is thus:

**What factors contribute to the regional variation in policy implementation on
alternative care in Japanese child guidance centres?**

The next section reviews work that speaks to this regional variation. This draws on the literature review on the low foster care rate and, following the theoretical framework established in Chapter 1, is organised into regional variation of resources, beliefs, and organisational culture.

3.2 Regional variation in resources

The literature review on the low foster care rate suggests several hypotheses on the impact of regional variation of resources on policy implementation. The first of these is that political

attention may affect the allocation of resources to and within alternative care, and that political signalling may influence CGC practice. We would anticipate a relationship between political attention on promoting foster care and a higher foster care rate.

Miwa (2012) finds a correlation between the caseworkers' average caseload and the local authority's foster care rate. This caseload will depend upon the number of caseworkers and the number of reported cases. The number of reported cases will be shaped by the 'real' level of need, which is likely to be affected by factors such as poverty (see Bradt et al., 2014), and by the local construction of state intervention in the family.

It seems likely that there will also be regional variation in foster care expertise (Matsumoto, 1991). There is regional variation in the number of CGC foster care caseworkers, in whether or not these caseworkers work exclusively on foster care (see Hayashi et al., 2013), in the experience of CGC staff, and in the number of 'specialist counsellors for foster care support' in welfare institutions. We would hypothesise that local authorities with more foster care expertise will have a higher foster care rate.

There is also likely to be regional variation in the ability of the CGC to acquire, retain, and use knowledge to inform practice change. Staff rotation also poses challenges in maintaining a 'trusting relationship between the caseworker and the foster parent' (Miwa, 2014: 148). Here, different approaches to staff rotation, training, and teamwork are likely to result in differences in practice.

Research has also highlighted regional variation in the CGCs' capacity to facilitate family reintegration of children in care (Yamamoto et al., 2009; 2013). This includes work on regional variation in practice by CGCs and NPOs (Saimura et al., 2007), and on the importance of individual caseworker's experience and expertise (Yamamoto et al., 2008; Miwa, 2014). Where CGCs have low confidence in their ability to facilitate family reintegration they may either be more willing to use foster care, as a proxy for adoption, or, conversely, be more inclined to use institutional care, if this is seen as better at developing self-reliance.

The amount of external resources available to a CGC may also vary. NPOs in Fukuoka city, for example, support the CGC in foster care promotion (MHLW SC, 2013a) and in investigating 'lighter' preliminary abuse (NHK, 2014). This allows the CGC to focus more of their limited resources on foster care (MHLW SC, 2013a). This suggests that CGCs with more external support will have a higher foster care rate. Conversely, foster care service agencies may primarily be used by local authorities that lack confidence in their own capacity. Here we would expect local authorities who outsource foster care services to have a lower foster care rate.

There is regional variation in the capacity of the welfare institutions relative to the child population. Kashiwame argues that there is an 'urban-rural divide in the foster care rate' (2010: 8), with rural areas having a higher CWI capacity due to post-war migration. While the foster care rate map in Chapter 1 did not show this, it seems likely that local authorities with a higher capacity of institutional care will have a lower foster care rate.

Miwa (2012; 2014) argues that the increased foster care rate since the mid-1990s followed an increase in the number of children entering care, which reduced competition between foster care and institutional care. This leads us to predict that local authorities that had an increase in the number of children entering care would have an increased foster care rate, though this is likely to have a lower impact in local authorities where there is a large relative institutional capacity than ones where there is a small relative institutional capacity.

There is also likely to be regional variation in the CGCs' construction of the quality of available alternative care. A positive evaluation of institutional care may reduce the impetus to promote foster care. The evaluation of each type of care could be shifted by abuse in care. The strength of this shift is likely to be mitigated by the capacity of each type of care: where there is abuse in an institution, a CGC in a local authority with high institutional capacity will be able to use other institutions, whereas a CGC in a local authority with low institutional capacity is more likely to be forced to consider alternative placements, including foster care and institutions outside the local authority. The impact of abuse scandals may also be affected by the

relationship the local government has with the local welfare institution associations and foster care association.

The perceived quality of foster care is also likely to be affected by regional variation in the registration (Hayashi et al., 2013; Sakai, 2005), training (Shoji et al., 2010), and support (Miwa, 2016) of foster parents. It is likely that local authorities with less comprehensive foster care services will have a lower opinion of the quality of foster care, and that this will result in a lower foster care rate.

Having considered literature that speaks to the impact of regional variation of resources on policy implementation, this chapter next turns to literature that addresses the impact of regional variation of beliefs.

3.3 Regional variation in beliefs

The literature review on the foster care rate outlined how the interaction of the goals of care and the functions of different care placements may impact upon the foster care rate, as well as touching on regional variation in the validity of state intervention in the family.

The stated goals of care are family reintegration or the cultivation of self-reliance (Harada, 2013). There may be regional variation in the importance assigned to these goals. Where foster care is constructed as ‘quasi-adoption’, local authorities that prioritise family reunification may have a lower foster care rate. Where foster care is constructed as ‘quasi-professional’ we would expect more children to be seen as eligible for foster care, and thus expect a higher foster care rate, irrespective of the local goals of care.

It is unclear which placement is best seen as facilitating self-reliance. Literature on the ‘threshold’ of suitability for foster care suggests that the most suitable placement for developing self-reliance may change according to the child’s level of need. There is likely to be regional variation in this threshold, itself likely to be affected by the CGC’s confidence in their ability to support foster care, which may impact on the foster care rate.

There may also be regional variation in CGCs' willingness to push for parental consent for foster care. This may be related to regional variation in the attitude of family courts towards foster care. We would hypothesise that local authorities where the CGC is more willing to exert pressure on the parents to acquiesce to a foster care placement will have a higher foster care rate.

The 'norms' of the caseworkers on the goals of care, the functions of different care placements, and the threshold above which foster care is not considered suitable are discussed in Chapter 7, with the values on the family-bond explored in Chapter 5. If there is regional variation here, local authorities that construct the family-bond as singular are likely to have a lower foster care rate.

Theoretical literature on street-level bureaucrats often assigns importance to implementers' beliefs (see Sandfort, 2000; Winter, 2000). These texts often assume professional knowledge that is distinct from the organisation that the street-level bureaucrat is working in and the policy that they are implementing. Yet the CGC caseworkers are not 'professionals' or 'semi-professionals' and usually leave their posts before developing extensive expertise.

This leads us to hypothesise that the decision-making process, which occurs within the local context (Chapter 4) and which requires the mediation of available resources (Chapter 6) with 'norms' on the goals of care, the function of different placements, and the threshold for foster care (Chapter 7), will be particularly influenced by the caseworker's values (Chapter 5) and their CGC's organisational culture (Chapter 8). This literature review closes by considering literature relevant to the impact of regional variation in organisational culture on policy implementation.

3.4 Regional variation in organisational culture

The theoretical literature, outlined in Chapter 1, and Kashiwame et al.'s observation that there is 'considerable variation... in the way that child guidance centres are run' (1995: 144), lead us

to hypothesise that differences in organisational culture, manifest perhaps in management style, the delegation of work, training, supervision, and work processes, will lead to regional variation in policy implementation. The ‘child guidance centre staff... are drawn from the top educational echelons’ (Goodman, 1999: 78), which suggests that they will be adept at adapting to organisational cultures. This is likely to increase the importance of organisational culture.

Ushijima and Yukawa’s (1975) survey was the first to study decision making in CGCs. This found that in 33 CGCs, of the 96 that responded, the placement decision was made by one or two people, in 37 CGCs it was made by three or four people, and in 26 CGCs by more than five people. This study also found variation in the input of the clinical team. These findings were mirrored by Kashiwame et al. (1995) and Saimura et al. (2004; 2010; 2013). These studies highlight differences in procedures, but do not explore why these exist or how they impact policy implementation. More people being involved in the decision process is likely to increase the influence of organisational culture. This may mitigate the caseworker’s sense of individual responsibility, which could decrease risk aversion, or, may add cautious voices to the process.

Discussing the challenges of preventing placement breakdown in foster care, Miwa states that ‘most child guidance centres do not have a standardised way of assessing or a systematic way of making decisions’ (2014: 147-8). Miwa argues that a caseworker’s willingness to use foster care is ‘greatly dependent on the individual qualities and experience of the caseworkers’ (2014: 148).³¹ Fewer people being involved in the decision process may increase the importance of individuals’ qualities.

Kurihara’s (2011) study found regional variation in the use of Article 28 of the Child Welfare Act to partially suspend parental rights for two years. This was based on a 2010 national survey of CGCs, which found that 55.5 per cent of responding CGCs had applied to use Article

³¹ This mirrors Nagano (2012) on the progression of CWI careleavers to tertiary education, which found that the attitude of CWI staff and the ‘organisational culture’ of the CWI were of central importance (see also Nabekura 2004; Ogiso, 2010).

28 in the last two years, and 38.4 per cent had applied for a renewal of Article 28 (Kurihara, 2011). Only 12.7 per cent of responding CGCs had a protocol for applying for Article 28, with a further 16.9 per cent of CGCs stating that their local authority had a protocol for this (Kurihara, 2011). Kurihara (2011) found that CGCs feared using Article 28 may hinder their capacity to facilitate family reintegration, and highlighted challenges CGCs faced in working with external organisations. We would hypothesise that local authorities that are more willing to use the judiciary may have a higher level of expertise and be more willing to intervene in the family. In turn, this may result in an increased willingness to push for consent for foster care.

Saimura et al. (2000) found regional variation in the extent, and even existence, of training, in who was responsible, in content, and in style. The study also noted the lack of training tailored to specific roles or levels of experience. There are four hypotheses we can draw from this. The first is that staff training may serve as a vehicle to transmit organisational culture, with organisational culture weaker in CGCs with less training. Conversely, in CGCs with less formal training the caseworkers may be forced to learn informally from their peers' practice, which could strengthen path dependency and the impact of organisational culture. In these hypotheses, training impacts upon organisational culture rather than directly upon the foster care rate. Caseworkers in CGCs with more training may have a higher level of expertise and more confidence in their abilities. This could lead to an increase in the foster care rate or, conversely, to increased confidence in current practice.

Saimura et al. followed this with their 2001 study on supervision in CGCs. This found that 32.4 per cent, of the 139 CGCs that responded, did not have a manager tasked specifically as a 'supervisor' for caseworkers, and that only 6.4 per cent of CGCs had training for supervisors. It also found that 58.5 per cent of the supervisors had under 10 years of experience in CGCs (Saimura et al., 2001a). We would hypothesise that an experienced 'supervisor', or other experienced senior management, may increase the importance of organisational culture.

Regional variation in the way that meetings are organised, in who is involved in the decision-making process, in training, in the experience of the senior management or ‘supervisor’, and in the CGCs’ willingness to engage with the judiciary, are understood to impact upon the importance of organisational culture in the decision-making process, rather than impacting directly on foster care. This is touched on in Chapter 4, on organisational context, and explored in Chapter 8, on organisational culture.

4. Conclusions

This chapter first reviewed literature that speaks to Japan’s low foster care rate, including the lack of political attention, the construction of the goals of care and the functions of different care placements, and the limited resources available to CGCs. The resources considered included the lack of judicial support, the high workload and limited expertise of caseworkers, and the lack of external foster care service providers. It also considered the number of children entering care relative to the amount of available care placements, and the CGCs’ evaluation of the quality of available care.

The chapter then gave an overview of how this literature, and literature more specifically on regional variation in CGC practice, spoke to the question of regional variation of policy implementation in alternative care. Following the theoretical framework established in Chapter 1, this was organised into regional variation in resources, beliefs, and organisational culture. The literature covered here is predominantly based on quantitative analysis of MHLW data on foster care (see Miwa, 2014) or surveys of the CGCs (see Kashiwame, 1995; Saimura et al., 2014; Ushijima and Yukawa, 1975). There is no ethnographic research of the decision-making process in CGCs. This thesis aims to fill this gap and address the mechanisms underlying the regional variation in policy implementation, visible in foster care rates.

The remainder of the thesis is organised into seven chapters. Chapter 3 lays out the research design and methods. The following two chapters lay out the *contextual* factors that

impact upon policy implementation, with Chapter 4 outlining the role of the CGCs and the relationship between national authority and local authorities, and Chapter 5 detailing values on the family-bond. The subsequent three chapters focus on the impact of regional variation in *resources* (Chapter 6), *beliefs* (Chapter 7), and *organisational culture* (Chapter 8), on policy implementation. Finally, conclusions are presented in Chapter 9.

Chapter Three. Research Methods

1. Introduction

This thesis addresses the question: What factors contribute to the regional variation in policy implementation on alternative care in Japanese child guidance centres? This chapter introduces the research methods used, outlining the research design, data collection, data analysis, ethical considerations, and self-reflexivity.

2. Research design

This research centres on CGCs: where the state meets the family, where children become cases, where policy is implemented. Within this, the focal point is the decision-making process by which a child enters care and is placed into foster care or institutional care. In the absence of previous ethnographic research this process has remained a black box, into which uniform policy and guidelines enter and diverse outcomes emerge.

This research began with a literature review of both the topic and the methodology (see Holliday, 2007). This resulted in a framework to investigate context and regional variation in resources, beliefs, and organisational culture.

The next stage was to examine relevant statistical data. There is little data on alternative care, something Goodman describes as ‘curious—and, in Japan, where statistics are kept on almost everything, probably significant’ (2000: 13). The data that does exist is predominantly national aggregated data. This includes data on education progression, placement length, and contact with natal parents. There is some aggregated data reported at the local authority level. This includes the foster care rate, the use of foster care and BIWIs for children of different ages, and the number of CGC foster care caseworkers. MHLW reports on alternative care included data by local authority on the rate of children entering care, per population, until 2012 when

this graph was removed.¹ Since January 2016 these MHLW reports have included local authorities' self-set target foster care rates for 2029,² and the number of 'specialist counsellors for foster care support' in BIWIs and CWIs by local authority.

This descriptive data is of limited value in understanding the mechanisms underlying policy implementation. For example, it is unclear why some local authorities have set their 2029 target for foster care significantly higher than others. As such, and in line with the methodological framework established in Chapter 1, this thesis takes an anthropological case study approach (see Bobrow, 2008; Goodman, 2006; Hann, 1996; Shore and Wright, 1997).

Goodman describes the field of anthropology of policy as a 'study of meaning, particularly the different meanings that are ascribed to slogans and symbols, [and]... the study of practice – to use a classic anthropological distinction, function – of what happens when policies are actually introduced and implemented' (2002: 10-11; see also Russell and Edgar, 1998). This approach 'not only looks at those who produce policy... [and] those who consume policy... but also the process of policy: the manner in which it is constructed, challenged, mediated, manipulated, ignored and accepted' (Goodman, 2002: 11-12).

This research used a 'comparative... research design... in order to sort out the influence of different implementation variables' (Winter, 2003: 212; see also Evans, 2016; Meyer, 2001). Case selection followed theoretical sampling (Eisenhardt, 1989: 537) focused on two variables: the foster care rate and the change in foster care rate between 2005-6 and 2011-12.³ The second variable was included to maximise regional variation in practice.

I planned on conducting research in three research sites: one with a high foster care rate that had seen a large increase in the foster care rate, one with a medium foster care rate that had

¹ This can still be calculated manually.

² Frustratingly, this graph combines data for some of the designated cities with the prefecture they are located in.

³ This represents the range of data I had accessed at this time.

seen a medium increase in the foster care rate, and one with a low foster care rate that had seen a small increase in the foster care rate; see Figure 19.⁴

Figure 20 plots my fieldwork sites against these variables.⁵ Teru, my first fieldwork site, had a high foster care rate and had seen a large increase in the foster care rate. Irifune, my second fieldwork site, had a low foster care rate, and Yuno, my third fieldwork site, had a medium foster care rate. Whilst Irifune and Yuno did not exactly match the secondary variable, all my fieldwork sites have followed different trajectories in their foster care rate over the last decade; see Figure 21.⁶

Bennett and George (2005) argue that the strength of using case studies is that they can identify causal mechanisms, which requires an understanding of local context (see also Burawoy, 1998; Verschuren, 2003; Yin, 2003). Taking each CGC as a case study allowed me to situate the impact of resources, beliefs, and organisational culture on policy implementation within local context, here understood to include values.

There is a slight tension between ‘pure’ ethnography and case study research. Meyer (2001: 331) argues that:

The key difference between the case study and other qualitative designs such as grounded theory and ethnography... is that the case study is open to the use of theory or conceptual categories that guide the research and analysis of data. In contrast, grounded theory or ethnography presupposes that theoretical perspectives are grounded in and emerge from firsthand data.

⁴ I excluded local authorities in the Tohoku region from my fieldwork as the rapid increase in the foster care rates here, which came after the 2011 Tohoku earthquake and tsunami, are likely to be underpinned by different theoretical mechanisms than change during ‘normal’ times.

⁵ To protect the anonymity of the sites I have not numbered axes.

⁶ There is a discrepancy between the 2005-2006 figures in Figure 21 and those used in other tables when calculating the change in foster care rate. Figures in Figure 21 were calculated from MHLW data by the author and cross-referenced against Miwa (2014) and one practitioner and activist (Satooya renraku-kai, N.D.). The data used in other figures in Chapter 1 are taken from MHLW graphs showing regional variation of foster care rates. While there are slight differences, both datasets are internally consistent and comparisons within datasets are valid.

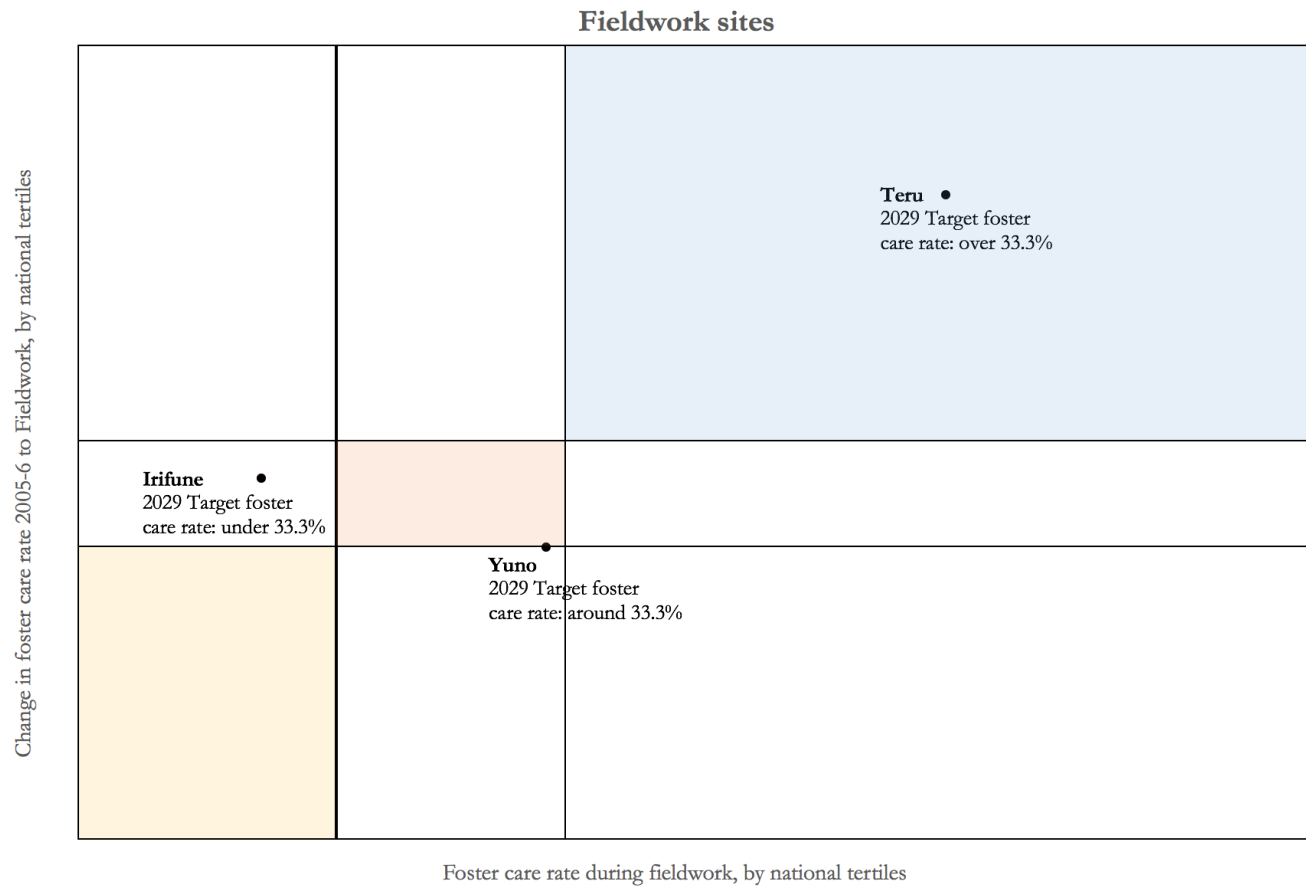
Figure 19: Research design

		Foster care rate 2011-2012		
		Lower tertile (4.2% to 10.2%)	Middle tertile (10.3% to 16.5%)	Upper tertile (16.6% to 39.0%)
Change in foster care rate 2005-6 to 2011-12	Upper tertile (6.7% to 23.6%)			
	Middle tertile (2.9% to 6.6%)			
	Lower tertile (-3.4% to 2.8%)			

Data Sources: MHLW. (2006b). *Fukushi gyōsei hōkoku rei*. MHLW. (2012a). *Shakai-teki yōgo no genjō ni tsuite (sanka shiryō)*.

Note: The 2011 foster care rate tertiles are calculated from all 69 local authorities. The tertiles for the change in foster care rate is calculated from the 61 local authorities that existed in 2005 - The number of local authorities has increased with the increase in designated cities (Samagihara, Niigata, Hamamatsu, Sakai, Okayama, and Kumamoto) and two non-designated cities running their CGCs independently of the prefecture (Yokosuka, Kanazawa).

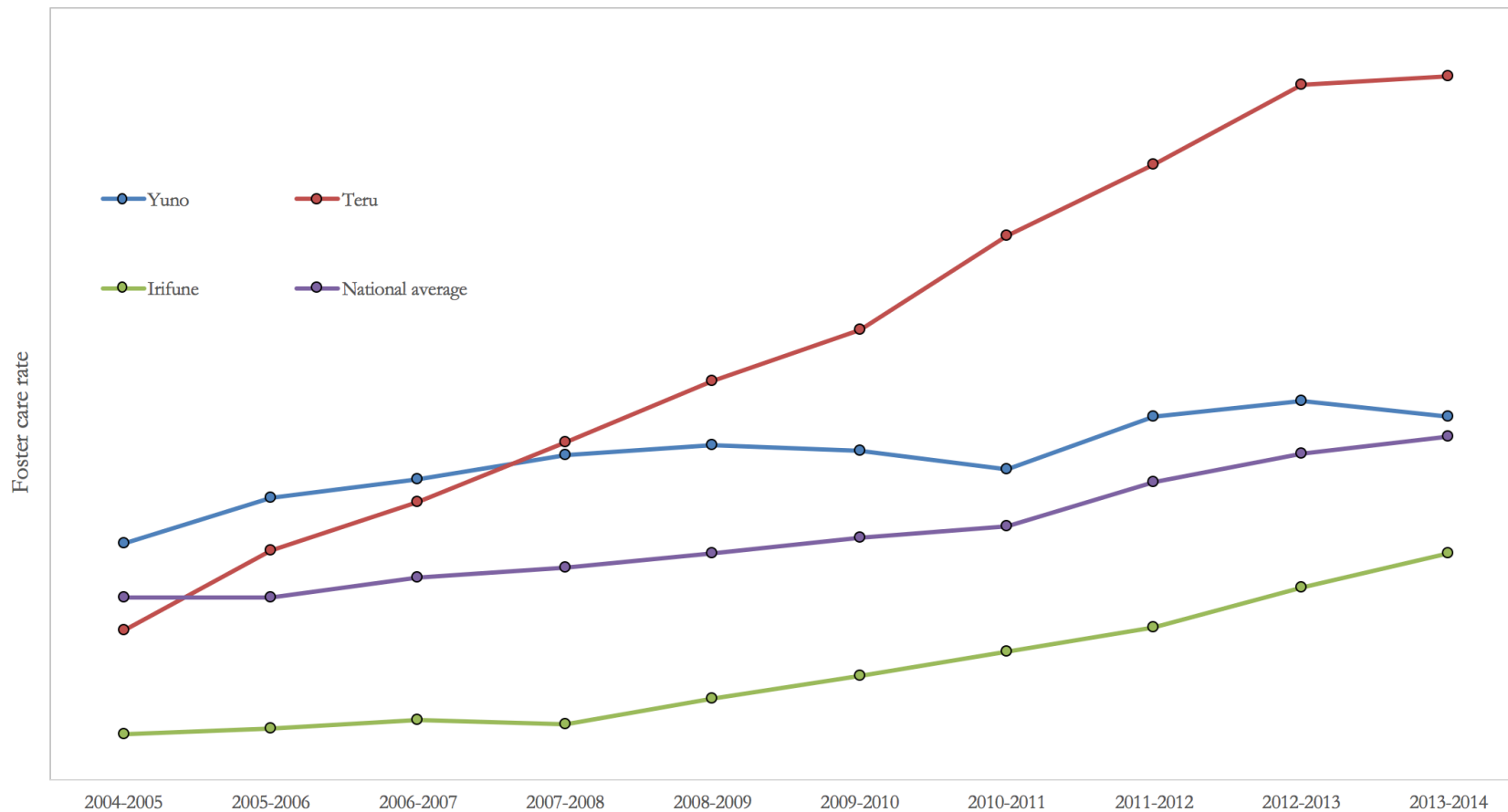
Figure 20: Research design and fieldwork sites



Data Sources: MHLW. (2006b). *Fukushi gyōsei hōkoku rei*. Fieldwork data for: Teru, 2014, August. Irifune, 2014, October. Yuno, 2015, February. Target data: Teru, fieldwork; Yuno, Irifune, MHLW. (2016c). *Shakai teki yōgo no kadai to shourai zō no jitsugen ni mukete*. 2016, January: 22 (N.B. This data includes designated cities with the prefecture they are in)

Note: All tertiles are calculated from Current status of alternative care (reference) 2016, In care March 31st 2014, (*shakai-teki yōgo no genjō ni tsuite (sanka shiryō)*). Note: The 2014 foster care rate tertiles are taken from all 69 local authorities. The change in foster care rate is calculated from the 61 local authorities that existed in 2005 - The number of local authorities has increased with the increase in designated cities (Samagihara, Niigata, Hamamatsu, Sakai, Okayama, and Kumamoto) and two non-designated cities running their CGCs independently of the prefecture (Yokosuka, Kanazawa).

Figure 21: The trajectories of the foster care rates in my fieldwork sites. 2004-2005 to 2013-2014



Data Sources: MHLW Welfare Administration Reported Cases, data sheets:

- 1: The number of foster carers, the number of children placed into foster care, by prefecture, designated city, and core city
- 2: The number of small-scale residential-type child rearing businesses (family homes), capacity, new staff and staff leaving over the year, current number of staff, number of children in family homes by prefecture, designated city, and core city
- 3: Ministry of Health, Labour and Welfare social welfare institutions survey, table 8, institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution, and by management status, public and private

The resolution of this tension, '[a]ccording to Gummesson... is not to require researchers to have split but dual personalities: "Those who are able to balance on a razor's edge using their pre-understanding without being its slave" (p. 58)' (Meyer, 2001: 331). To achieve this, I followed Eisenhardt's advice to 'formulate a research problem and... specify some potentially important variables, with some reference to extant literature... [but] avoid thinking about specific relationships between variables and theories as much as possible, especially at the outset of the process' (1989: 536). My approach also draws on Glaser and Strauss' work on grounded theory (1967; see also Corbin and Strauss, 2008; Strauss, 1987; Suddaby, 2006), Yin's (1981; 1984) work on case study research, and Miles and Huberman's (1984) work on qualitative analysis techniques.

This research design allowed me to engage with 'flexible and opportunistic data collection methods' (Eisenhardt, 1989: 533) and 'take advantage of emergent themes and unique case features' (Eisenhardt, 1989: 533). This approach suits research where it is unclear how much access the researcher will gain. I was fortunate, and could attend all formal meetings on children entering care. This allowed me to compare children's cases within and across my fieldwork sites. This again follows Eisenhardt (1989), who argues that within case analysis and cross-case analysis are critical components of theory building. Having outlined the research design, this chapter next turns to data collection.

3. Data collection

The most critical moment in data collection came before I left Oxford, when Mr. Sano,⁷ the head of the Teru CGC, agreed that I could conduct fieldwork in his CGC. There are four reasons why Sano may have granted me access. The first reason was an introduction from Tsuzaki. The second was my experience with CWIs: Sano knew that I cared about the situation

⁷ I have anonymised the names of all practitioners in the CGCs based upon the most common surnames in Japan (see The Japan Times, 2009).

of children in care, and that I was sympathetic to CWI staff. Here I followed the guidelines set out by Lofland et al. (2006: 40-53) covering what I told my research participants, when I told them, and the manner in which I told them. The third reason was the confidentiality agreement I signed with the CGC, noting standard academic procedures on data protection and use.

The final reason is perhaps the most important: Sano's desire to question existing practice. Teru is considered a pioneering local authority for foster care practice, with Sano understood as being at the heart of this. The ethical challenges this raised, in remaining an observer and not a participant, are discussed later.

I am also incredibly grateful to Mr. Suzuki, the head of the Irifune CGC, and Mr. Takahashi, the head of the Yuno CGC. A personal introduction from Sano to Suzuki, coupled with the fact that I was already conducting research in a CGC, secured access in Irifune. In my introductory meeting with the Irifune CGC I explained my confusion about the regional variation in foster care policy implementation. The managers quickly established that I was coming primarily because they had a low foster care rate. I went to great lengths to explain that this carried no judgement, highlighting my CWI volunteering, my respect for the dedication of everyone working in alternative care, and that I believed that for some children residential care is the most suitable placement. This allayed their concerns and the Irifune data includes some of my richest.

My route to the Yuno CGC was more circuitous. I was introduced by Ms. Doi, the head of Human Rights Watch in Japan, to Yuno's governor. The governor's office then introduced me to Takahashi, who allowed me to conduct research in his CGC. I was concerned that this 'top-down' introduction would impact upon data collection. A personal introduction from Sano, who vouched for my character, along with concerted efforts to distance myself from both the governor and from Human Rights Watch, meant that the data collection process was not significantly affected.

I spent six months in the Teru CGC, three months in the Irifune CGC, and two months in the Yuno CGC. I employed multiple data collection techniques. In addition to participant observation, I interviewed CGC staff, attended meetings on policy and practice change and, most importantly, all formal meetings on children who came into contact with the CGC. I attended ‘acceptance’ meetings covering over 3,000 children, ‘ruling’ meetings covering around 750 children, and 210 ‘division head’ or ‘aid objectives’ meetings. I also attended 50 ‘emergency’ meetings, which determine if an immediate intervention is required. In addition, I was shown case files for over 50 children who were in foster care or whose cases the CGC felt were interesting or unusual.

I transcribed the discussions in all these meetings. I translated simultaneously and wrote in English as this was most accurate. I made additional notes on things I did not understand or found interesting. Some CGCs allowed me to keep heavily redacted, anonymised versions of this paperwork.

I remained silent in these meetings to minimise the impact of my presence. There were three exceptions to this. The first was when I did not understand a word central to the case.⁸ The second was when, despite having established that I have never studied or trained in social work, I was asked about social work or foster care in the UK. Here I deferred answering, researched the answer, and responded later to the questioner.

On one occasion I did speak about a case during a meeting. A child had been trafficked and was being ‘adopted’ by a holding agent with a view to being sold into domestic or international adoption. During this discussion the Japanese terms for human trafficking, *‘jinsai baiba’* or *‘jinshin torihiki’*, had not been used. In a moment I regret, though fortunately one that had no consequence, I asked: ‘To clarify my understanding of this, this is a case of human

⁸ On occasion this prompted peals of laughter, most memorably when I asked what *‘deri-beru’* meant. *Deri-beru* is a shortening of term *delivery-health*, where sex workers are ‘delivered’ to your home. One caseworker joked that it is unclear what kind of health is being delivered.

trafficking, right?’ The caseworker and senior manager replied together in the affirmative and the discussion continued.

I was also often asked outside meetings for my opinion on the CGC’s practice. I was anxious to avoid giving my opinion, particularly early in the fieldwork, so offered in each site to give a presentation at the end of placement. This allowed me to speak frankly, in a considered and non-judgmental way, about the things that surprised and impressed me. This also proved helpful for my mental wellbeing, as I occasionally found it challenging to sit in silence and see children returned to high-risk environments.

Fears over the impact of my presence in meetings were quickly allayed. It is possible that the language used was slightly affected by my presence, particularly at the start of placements, but put simply, the weight of the decisions being made meant that the CGC staff did not change decisions because of my presence. One decision in a CGC I visited for a day after I had given my end-of-placement presentation, which did something I had said in the presentation that I didn’t yet understand why child guidance centres do, reassured me here.

My fieldwork began at the start of the fiscal year in Teru, and commenced with me auditing the two-week training for new bureaucrats. I later also audited the foster care recruitment and training processes, with one caseworker joking that all they needed to do before registering me was visit my home. In Teru the foster care registration process finished with an interview by the CGC head and the section head responsible for foster care. I audited six of these meetings, and saw the application forms of over 60 foster parents.

In addition to my three main research sites, I visited a further six CGCs in four local authorities. I conducted interviews in all of these and observed the decision-making process in five. At conferences and dinners I had discussions with staff from a further dozen CGCs. These interactions afforded me an opportunity to establish what was specific to each CGC and what was more widely shared. In all cases, I was struck by how hardworking, conscientious, and caring the CGC staff were. Some staff expressed concerns over resources or system limitations,

and all were concerned to do the best that they could for the children for whom they were responsible.

I also attended policy and practice planning meetings in Teru, Yuno, and Irifune. These involve the city or prefectural office, which oversee the CGCs. I also interviewed bureaucrats from these offices. These meetings generated data on local foster care practice and the differences in understandings between local and national policy.

I also visited 12 CWIs, six BIWIs, two self-reliance assistance homes, two self-reliance support institutions, including for the annual ‘culture day’ festival in one, one mother and child welfare institution, and one juvenile detention centre.⁹ I also visited *Musashinogakuen*, the national self-reliance support institution¹⁰ which deals with children displaying the most challenging behaviours. I visited foster care recruitment events, local foster care association meetings, ten foster parents’ homes, five family homes, an NPO providing foster care services, an NPO specialising in adoption, and a two-night summer camp for foster carers and foster children. I also attended various local NPO events,¹¹ many on foster care, which informed my understanding of the relationship between local government and civil society.

The visits to care providers were invaluable in helping me to understand the contexts and systems within which CGCs operate. There is a difference, for example, between talking with social workers about foster parents and welfare institutions, and in visiting the foster parents’ homes and the welfare institutions with the caseworkers and seeing how these actors interact. These visits showed differences between the local authorities.

⁹ While volunteering in and working with CWI prior to my research I visited 24 CWI and one BIWI.

¹⁰ The senior management of this institution are national bureaucrats who rotate back into positions in the MHLW. As such they are amongst the small number of national policymakers to have practical experience in alternative care. The other MHLW position where staff can have relevant practical experience are the *senmonkan*, the senior specialists, who are often local bureaucrats on one to three year placements in the MHLW.

¹¹ Perhaps the most enjoyable of these was a Sunday picking citrus with juvenile delinquents.

I also attended the annual conferences for the National Foster Care, CWI, and Family Home associations, the first Japan Foster Care Association¹² conference, and the annual public MHLW hearing on the direction of alternative care. These meetings helped me understand the nature of these bodies and the divisions and debates occurring within them. For example, I had not been aware of how much more influential the National CWI Association, which works closely with both bureaucrats and politicians, is than the National Foster Care Association. Nor had I been aware of the split on foster care within the National CWI Association: one faction argues that Japan places too few children into care and that foster care should help meet increased demand as numbers rise, while the second maintains that foster care is poorly supported, lacks professional knowledge, and is unsafe for vulnerable children. Nuances such as these enriched my understanding of the alternative care system.

During my fieldwork I also met politicians, of the upper and lower house, who were members of party and cross-party groups on alternative care, including Mr. Fukuda, the secretary-general of the Liberal Democratic Party's 'Committee to think about the future of alternative care', the most influential political body on alternative care. I also met Yuno's governor on several occasions.

Towards the end of my fieldwork I interviewed six MHLW bureaucrats, including a senior bureaucrat who is seen by academics as having laid some of the foundations for the promotion of foster care. I also met national journalists, one of whom had served as an advisor on alternative care to the MHLW, and academics, the majority of whom worked closely with the MHLW or one of the national care associations. I also met the two largest non-governmental-organisations working in this field, Human Rights Watch and the Nippon Foundation.¹³

¹² This is a separate body from the national foster care association, with a focus on research.

¹³ I also met actors from UNICEF who explained that their primary role in Japan is fundraising and that this policy area is too politically sensitive to broach.

The selection process for elite interviews followed ‘purposive snowballing’ (Denscombe, 2010: 37). These interviews focused on the expertise, knowledge, role, and opinions of the interviewees, and helped me to locate the CGCs within larger policy and bureaucratic structures. My understanding of national policymaking was further facilitated by participating in an MHLW research committee (MHLW and Japan College of Social Work, 2015) and by taking part in a closed hearing on the 2016 reform of the Child Welfare Act, with a focus on foster care and adoption service providers.

I interviewed 58 participants, with each interview lasting between one and three hours. I created a topic guide for each interview, following the direction of Arthur and Nazroo (2007: 115-126), aimed at understanding context (including values), resources, beliefs, and organisational culture. As this research was exploratory, participants were encouraged to explore tangents. Interviews were semi-structured, participant-led, and open-ended. In approach, they sit between Reissman’s (2004) concept of ‘narrative’ interviewing and Burgess’ idea of ‘conversations with a purpose’ (1984: 102). The topic guide included ‘a number of very broad questions, encouraging the participant to take the lead and to shape their own narrative... with a set of issues which [were]... covered broadly consistently with all participants’ (Arthur and Nazroo, 2007: 110).

On occasion interviews sought detailed information, for example on the funding structure of the CGCs in relation to local and national government. For the most part the focus was to ‘discover how and why practices or processes take place’ (Small: 2009: 227; see also Weiss, 1994: 179) and to trace ‘ways in which power creates webs and relations between actors, institutions, and discourses across time and space’ (Shore and Wright, 1997: 14). Fifty-six of the interviews were conducted in Japanese, with two conducted in English and Japanese.

While presented separately here, the data collection and analysis process was iterative rather than sequential (see Eisenhardt, 1989). In addition to presenting to the CGCs I presented my work at Kyoto University, Japan Women’s University, Waseda University, Kyushu

University, and the annual International Society for the Prevention of Child Abuse and Neglect conference (ISPCAN). This process in turn refined data collection, with emerging themes, such as the family-bond, given more space in later interview topic guides.

The overall approach taken during fieldwork and analysis mirrors that of Darwin, paraphrased by Blumer (1969: 41-42, cited in Corbin and Strauss, 2008: 66):

Darwin... noted the ease with which observation becomes and remains imprisoned by images. He recommends two ways of helping to break such captivity. One is to ask oneself all kinds of questions about what he is studying, even seemingly ludicrous questions. The posing of such questions helps to sensitize the observer to different and new perspectives. The other recommended procedure is to record all observations that challenge one's working conceptions as well as any observation that is odd and interesting even though its relevance is not immediately clear.

Flyvbjerg (2006), referencing Popper's (1959) work on falsification, terms this focus on exceptions the 'black swan' approach.

After returning to Oxford I was invited by Lumos and the Nippon Foundation to accompany a group of Japanese politicians and practitioners to the House of Lords and, in Oxford, to present my work. This was the first opportunity to present after prolonged analysis, and the positive feedback, from the most senior politician to the most junior local practitioner, helped to strengthen my confidence in the validity and importance of my findings.

While I had been concerned about access, if anything I faced the opposite problem. I attended almost everything and collected far richer data than anticipated. This window into a hitherto closed world is one of this thesis' most important contributions.

Ethical considerations meant I decided not to interview any children.¹⁴ This does not impact on my ability to address my research question, which is on policy implementation rather than on how the process of entering care is understood or experienced by children. The children's voice thus only emerges where it is given weight in the decision process by the CGC.

¹⁴ See Goldfarb (Forthcoming C) for a discussion of these ethical issues.

4. Data analysis

The data analysis process during fieldwork is described above. Upon completing fieldwork, in order not to get lost in the process of transcribing, translating, or archiving data, I followed Goodman and Seeleib-Kaiser's advice and wrote first on things that surprised me, things that did not make sense, and moments of conflict, inconsistency, or misunderstanding. Here I focused on details, conversations and actions, aiming to understand how the actors understood their actions or words.

This process proved valuable in three ways. First, it helped to create new connections between resources, beliefs, and organisational culture. Second, it helped disentangle 'norms' and 'values'. Finally, it allowed a brain-dump of details and questions, many of which informed later analysis. Some of the themes that emerged include:

- Risk to the child of different actions and inaction
- Risk to the CGC: outsourcing moral responsibility to institutions
- Childrearing as a burden
- The creation of role expectations rather than formal responses: i.e. 'contracts of behaviour' rather than court referral
- Vertical, horizontal, and temporal splits in government
- Capacity of care: quality and quantity
- 'Emperor's new clothes': being in a system you know to be limited but being unable to speak out. A gap between desires and realities
- Practice learning: distinct from policy learning
- Differences in the functions of foster care and welfare institutions
- Differences in how the CGCs construct their role

I next wrote up a case study of a child entering care, where the placement decision was finely balanced. This 80,000-word piece allowed me to explore the mechanisms of the decision-

making process and provided me with analytic distance, allowing me to articulate and interrogate what had become obvious during fieldwork.

Following this, I engaged in ‘data reduction’ (Smagorinsky, 2008: 397) and focused in on the decision-making process. Here I had two types of data: approximately 1,000 pages of redacted anonymised paperwork in often technical Japanese, and 210 meeting transcripts in English. Though I had assigned a unique number to every meeting, meaning that I could match transcripts and paperwork, the different languages limited my ability to code these two data sources together.

I had created broad categories, of context, resources, beliefs, and organisational culture, but had not developed a model of how these categories interacted or what the critical components of these categories were. To do this I undertook a two-stage coding process. I first selected a sample of the children’s cases and translated all the paperwork. I matched this with the relevant transcript and coded these ‘full’ cases. I then tested and refined the coding structure that emerged against the transcripts for all cases.

I began by inputting all the data into an Excel spreadsheet, splitting descriptive data on the child’s age, gender, and IQ from opinions on the case – see Table 8. I then categorised into ‘types’ of case, shown in Table 9, based on the child’s location before and after the decision.

Table 8: Organising data

Case macro overview	Unique Case number Case type Meeting type Purpose of meeting Placement Decision? From To
Descriptive overview	Local Authority (name) Caseworker unique ID Caseworker's division Child gender Child age Child's IQ Child: Disability handbook Abuse?
Opinions on the case	Child Home / Household Parents / Parenting Incidents / Events Opinions on the case (how to move forwards) Meeting transcript First thoughts on transcript
Meeting information	Who present How many staff present? Lawyer present Forms used
Conflict?	Is the decision what the caseworker wanted? Is the decision what the CGC wanted?

Table 9: Categorising cases

		To	
		Home	Care
From	Home	The child was taken into temporary care but later returned home.	The child entered care from their home.
	Care	The child returned home from care.	The child moved placement within care.
Other		This covers cases where the child was involved with the law, the investigation of abuse within a CWI, fraud by a foster carer, discussions on taking a case to court, on children in care seeing their natal parents, and where support to a family was being ended.	

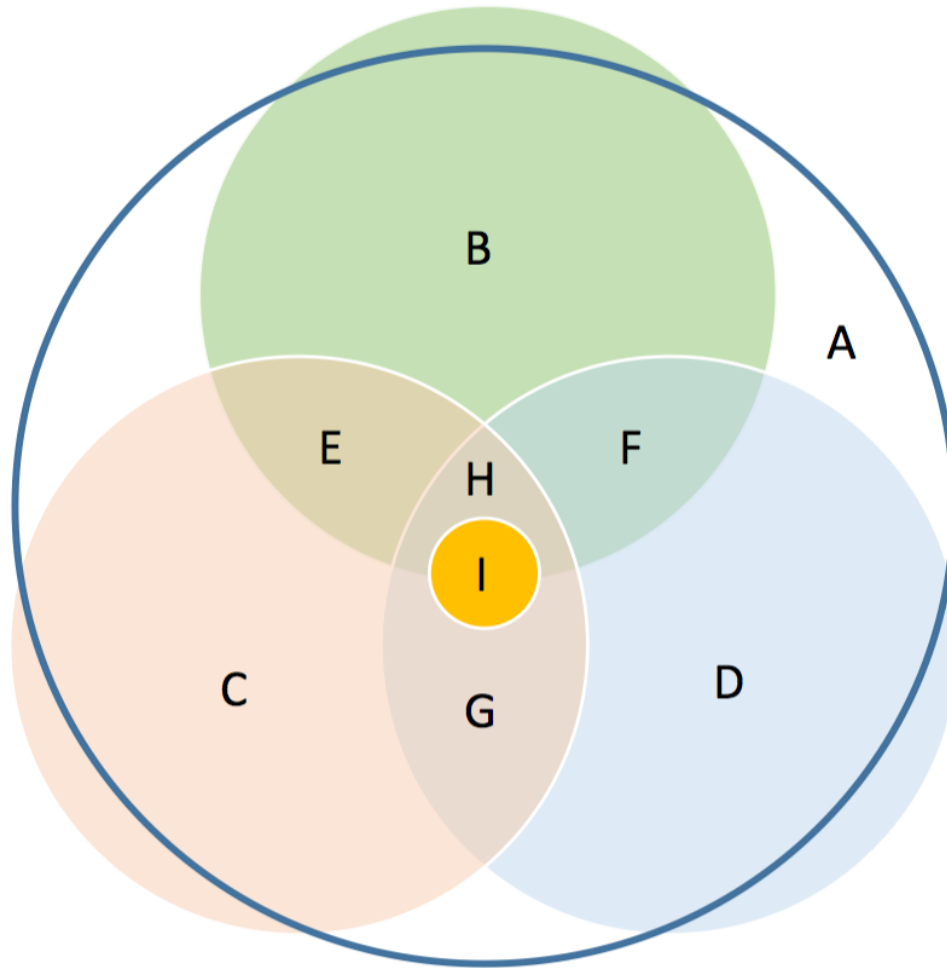
I coded the full cases within groups, i.e. all home to home cases, and across groups, i.e. comparing home to home cases with home to care cases, both within and across fieldwork sites. Here I followed the analytic tool-kit laid out by Corbin and Strauss (2008: 69-86). This includes: the use of questioning, making comparisons, thinking about the various meanings of a word, waving the ‘red flag’ for words such as ‘always’, ‘never’, and phrases such as ‘this is how it should be’. It also includes looking at the language people use, particularly around agency, the emotions that are expressed and the situations that aroused them, paying attention to temporal words, metaphors and similes, and the ‘black swan’ cases. I followed Corbin and Strauss’ advice to continually ask ‘so what?’ and ‘what if?’ to facilitate analytical abstraction to understand the ‘assumptions, cultural beliefs, and knowledge levels of our participants... what the data tells us about broader societal beliefs’ (2008: 85).

I conducted this coding three times, each time building up a level in abstraction. Figure 22 shows the third model, with a more abstract model of decision-making shown in Figure 23. The decision is framed by the values of the caseworker, the organisational culture in which the caseworker is working, and the macro-context of policy implementation, shown by (A). The decision-making process is understood as an interaction between the constructions of the child’s needs (B), of available placements (C), and of the CGC’s role (D).

This model creates four possible outcomes. In the first two, placement decisions cannot be made: (E), where the care placement is seen as suitable but outside the CGC’s role, for example where the parent refuses consent, and (F), where the desired care placement is seen as being unavailable, for example where the CGC does not think that available foster parents are suitable. In either of these scenarios the CGC must compromise, either not making a placement, or making a placement that is feasible but unsuitable – (G). These cases were often framed as, ‘have no choice but to...’, or as a provisional decision with hopes of moving the child later.¹⁵

¹⁵ Many of these children never move. One CGC’s staff call these *zuru-zuru* cases, cases that drift.

Figure 22: Coding framework III for the 48 'full' cases. Conceptualising the decision-making process



A - Framework: Macro-context, organisational culture, caseworkers' 'values'

B - Construction of child's needs. Affected by caseworker's 'norms' on the threshold of complexity of needs and of the goals of care.

C - Construction of available care placements. Affected by caseworker's 'norms' on the function of different care placements and by resources

D - Construction of the role of the CGC

E - Placement seen as suitable but outside the role of the CGC to provide

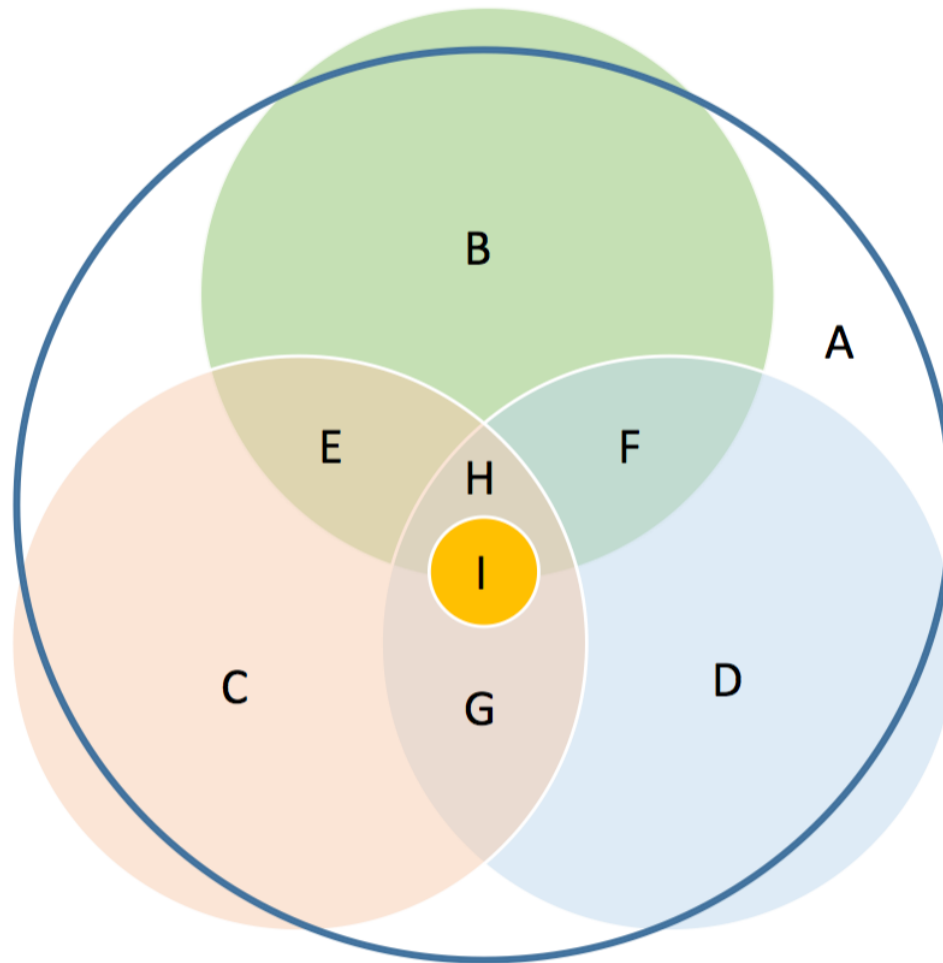
F - Placement seen as suitable and within remit of CGC but is unavailable

G - Possible placement but considered unsuitable

H - Possible placement. Suitable, available, and within the remit of the CGC

I - How the case transitions forwards

Figure 23: A model of decision-making for street-level bureaucrats



A - Organisational culture, values of street-level bureaucrat, broader context of policy implementation

B - Construction of problem

C - Construction of options

D - Construction of self

E - Construction of problem and options meet but believe unable to do

F - Construction of self and problem meet but believe unavailable

G - Construction of self and options meet but not seen as suitable

H - Construction of problem, options, and self match

I - Future processing of case

The final possible outcome, (H), is where the placement is seen as suitable, available, and within the valid remit of the CGC. While represented as binary, the distinction between unsuitable placements (G) and suitable ones (H) is in fact a spectrum, with the nature of this work meaning that it is sometimes unclear what the best decision is. To help analysis I added two codes: (I) on how the case moved forwards after the decision, and (J) on policy and practice learning from individual cases.

I then organised my dataset by ‘~ to care’, and ‘~ to home’, before importing it to NVivo for Mac, v10. I coded my data to each code, A–J, before coding within each code to create axial codes, shown in Table 10. Here I erred towards lengthier coding. The construction of the different placement types, of the goals of care, and of the family and the child seemed most important here.

In the second stage of coding I used this framework to code the transcripts for all 210 meetings. Tables 11 and 12 provide an overview of the cases. I added basic descriptive data to the transcripts, including the case type, child’s age and gender, the local authority, and the ‘purpose of the meeting’, a one-line explanation taken from the paperwork.¹⁶

I then printed this data for each code A–J, keeping fieldwork sites and ‘types’ of case separate. This allowed me to manually code and compare by case type within each local authority, using case-in-case analysis (Meyer, 2001), and by case type across the local authorities, using cross-case analysis (Miles and Huberman, 1994); see Table 13.

¹⁶ In Teru this box was titled ‘Purpose of the meeting’, in Irifune ‘Opinion of the caseworker’, and in Yuno ‘Social diagnosis – purpose’.

Table 10: Axial codes for the 48 'full' cases (NVivo)

A: Framework: macro context, values & organisational culture	B: Child's needs: norms on the threshold of complexity of needs & norms on the goals of care	C: Availability of care: Available resources & norms on the function of different care placements
Abuse & Neglect Age Care Care facilitating future family (contact) Child Family Gender Responsibility Risk Parents	'Type' of child Anticipated time in care Child as a case Child as a person Child's needs and care types Issues constructed as environmental vs inherent External input Family and child's needs Information on event, incident Internal debate and disagreement Level of need Long term needs Reference to previous cases Threshold (of needs)	Norms on adoption Norms on foster care Norms on institutional care Norms on specialist institutional care Impact of this child on other children Internal debate and disagreement Out of LA placement Practical details around care Specific care providers (FC, CWI etc)
D: construction on the role of the CGC	E: Suitable placement but outside CGC role	F: Suitable placement but doesn't exist or full
Hopes for outcome CGC in relation to care provider (power) CGC in relation to external actor CGC in relation to parental rights holder Child's volition considered? Internal debate and disagreement Responsibility and blame Risk aversion		
G & H: Possible placements	I: Transition, processing in this case	J: Learning from this case (for future)
Crux of decision G: Possible placement, doesn't meet child's needs Framed as provisional No choice but to... H: Possible placement, satisfied Internal debate and disagreement Plan B Willing to push the role of the CGC	Future safeguarding, practical responsibility How to tell the child Timing of placement	

Quotes

Table 11: Stage II. The characteristics of the 210 meetings

Case number		
Case type	Home to care	57
	Home to home	30
	Care to home	17
	Care to care	52
	Temporary care	8
	Other	32
	Other (disability)	4
	Unclear from transcript	7
Mixture	3 (29)	
Meeting type	Division head	11
	Aid objectives	156
	Aid objectives 2 (disability)	3
	Decision meeting	28
	Emergency decision	2
	Emergency Aid objectives	5
	Monthly meeting	4
	Care support	1
Purpose of meeting (Teru) / Opinion of caseworker (Irifune) / Social Diagnosis - Purpose (Yuno)		
Placement decision	Yes	120
	No	76
	Unclear from transcript	11
	Into disability CWI	3
From ~		
To ~		
Local Authority	Teru	122
	Yuno	14 (+3)
	Irifune	71
Child's gender	Female	94
	Male	111
	Unclear	5
Child's age		
Meeting transcript		

N.B. Temporary care refers to children in temporary care where the decision was not made during my stay in that fieldwork site, i.e. where I did not know whether the child would enter care or return home. The 'mixture' label covered case meetings I saw in two other CGCs in the Yuno local authority. These meetings covered 29 meetings, of which three were decision meetings. These were analysed separately from the cases in my three case studies.

Table 12: Stage II. The number of different types of case by fieldwork site

	Home to Home (1)	Home to Care (2)	Care to Care (3)	Care to Home (4)
Teru	11	38	36	13
Yuno	1	3	2	0
Irifune	18	16	14	4

	Temporary care	Other	Other (disability)	Unclear
Teru	5	11	2	6
Yuno	2	5	1	0
Irifune	1	16	1	1

*3 cases from other CGCs in Yuno coded separately

Table 13: Stage II. Coding matrices

Home to ~

	Home to Home	Home to Care		
Teru	11	↓	→	38
Yuno	1	↓	→	3
Irifune	18	↓	→	16
	30			57

49
4
34

Care to ~

	Care to Care	Care to Home		
Teru	36	↓	→	13
Yuno	2	↓	→	0
Irifune	14	↓	→	4
	52			17

49
2
18

~ to Home

	Home to Home	Care to Home		
Teru	11	↓	→	13
Yuno	1	↓	→	0
Irifune	18	↓	→	4
	30			17

24
1
22

~ to Care

	Home to Care	Care to Care		
Teru	38	↓	→	36
Yuno	3	↓	→	2
Irifune	16	↓	→	14
	57			52

74
5
30

	Other
Teru	24
Yuno	8
Irifune	19

51

Repeated for each code, A-J, with the main focus on A-D

This coding refined the decision-making model shown in Figure 22. The factors that were most important in determining the placement decision were:

Context (Chapters 4, 5)

- Limited CGC power: in terms of context, Chapter 4. (This is also considered in relation to resources, Chapter 6)
- Values: the family-bond, Chapter 5

Resources (Chapter 6)

- Limited resources available to the caseworker, including expertise and time
- Care placements available to the caseworker (quantity and quality)

Beliefs / 'norms' (Chapter 7)

- CGC staff's 'norms' relating to the:
 - goals of care, with anticipated placement length important here
 - function of different placement types
 - foster care threshold: closely linked to age

Organisational culture (Chapter 8)

- Impact on the decision-making process: visible in the senior managers' role and in who attends meetings
- The willingness of the CGC to act against the guardian's initial wishes
- References to 'similar' cases to understand potential trajectories
- CGC willingness to accept 'positive risk'

This thesis argues that the macro-context that underpins policy implementation is largely uniform, with 'values' on the family-bond of central importance, and that regional variation in resources, beliefs, most notably on the function of foster care, and organisational culture explain regional variation in policy implementation.

I tested this model in several ways. The first step was to apply hoop-testing (Collier, 2011), focusing on cases that did not appear to fit, for example cases where older children were placed into foster care. This led to refinements, including a distinction in the function of foster care for younger and older children. I then re-examined similar cases that had different outcomes, within and between local authorities, to determine the critical factor in the decision. I also looked at cases where there was internal dispute over the most suitable placement to map the boundaries of these variables. There are no longer any ‘black swan’ cases that this model cannot explain.

I also tested my findings by presenting them to key practitioners, policymakers, and politicians, as well as sending summaries to research participants and academics. The findings of this analysis are also corroborated by the 66 interviews I conducted with 58 people in Teru (19), Irifune (8), Yuno (14), as well as those I conducted with the MHLW (6) and other CGCs, academics, and NGOs (19). I transcribed and analysed these after I had completed the transcript analysis, so that they would serve as a secondary check on the findings.

The fact that this model provides a compelling explanation not only for regional variation of policy implementation, but also on Japan’s low foster care rate and the low rate of children entering care, also speaks to its strength. Finally, the findings fit within and develop existing literature, both on policy implementation and street-level bureaucracy, and on the Japanese context (see, for example, literature on the thresholds of childhood ages: Chen, 1996; Hara and Minagawa, 1996; Seki, 1958; Sofue, 1965; Takeuchi, 1952).

One of the biggest analytical challenges was how to analyse the caseworkers’ values. Beland and Cox pose this issue succinctly: ‘An epistemological tension arises when we ponder whether ideas are central to political processes if no one utters them’ (2011: 13). Beland and Cox argue that: ‘[t]o resolve this tension, social scientific research should strive to identify the ideas people use and show their effect on political processes and outcomes’ (2011: 14). In the same volume, Hay adds that the best way to achieve this ‘surely lies in detailed ethnographic

research that maps and charts the development and redevelopment of interest perceptions' (2011: 84).

To test the findings on the unspoken, I also conducted 'auxiliary outcome' tests (Mahoney, 2010) on the values on the family-bond. If the model of the family-bond as singular and exclusive is correct, we would expect to see this reflected in divorce law on parental rights, adoption legislation, and in representations of the family as singular. The findings of this thesis are supported by all these 'auxiliary outcome' tests, outlined in Chapter 5.

5. Ethical considerations

The primary ethical concerns in this research were:

- Access to data
- Storage of data
- Access to research sites
- Child protection and safeguarding
- Influencing the outcomes of decision meetings
- Secondary trauma and potential feedback effects
- Being sponsored by a research board: the need for impact

This research gained ethical clearance from the University of Oxford, through the CUREC2 process.¹⁷ I also created confidentiality agreements with each of my fieldwork sites, which confirmed standard research protocols. All case files that the CGCs let me keep were heavily anonymised, either by CGC staff or me, in which case they were checked by staff. The anonymization process complied with CUREC best practice guidelines MSD/GUIDE/4.1. All

¹⁷ Here I consulted university guidelines, the British Educational Research Association Ethical Guidelines for Educational Research, the Ethics Guidelines of the Association of Social Anthropologists of the UK and Commonwealth, the Statement of Ethical Practice for the British Sociological Association, and the ESRC Research Ethics Framework.

electronic data was stored following CUREC best practice guidelines MSD/GUIDE/2.1, and all anonymised paperwork was stored under lock and key.

I provided each fieldwork site with a two-page summary of my research goals in Japanese. With some exceptions for elites, where I followed protocol SSD/IDREC/2008/P14.1, each interviewee signed two consent forms (see Appendix 3), one of which they retained. The ‘data collection’ section of this chapter addressed the ethical issues raised by how I accessed fieldwork sites.

Prior to my departure, I familiarised myself with university best practice guidelines and protocols on competent youth (Best Practice Guideline 04) and on children (Procedure 25, and the outdated protocol SSH/IDREC/2008/P13.1). At the request of the three CGC heads I ‘volunteered’ one day a week with children in temporary care to ‘earn my keep’.¹⁸ In Teru I also spent half a day a week with children attending a classroom for school refusers and occasionally visited a room for high school and university-age ‘school refusers’.

Days in temporary care started with a staff handover meeting. My approach, as I had no responsibility and was always accompanied by a staff member, was to respond to each child based on their behaviour and my volunteering experience. I never asked any questions on their history, family, case, or experiences, and occasionally had to refuse to take part in activities I did not feel comfortable with.¹⁹

Prior to fieldwork my primary ethical concern was the potential impact of my presence on the decision meetings. As outlined earlier, the seriousness of the decision in question meant that this concern proved unfounded.

I was also concerned about getting secondary trauma from exposure to graphic accounts of abuse and neglect. I was aware that were this to affect me, I would be less in control of my

¹⁸ While it was not part of my research, this experience furthered my understanding of the CGC’s role, the children’s experience, and how the staff understood these children and their needs.

¹⁹ On one such occasion a staff member asked me to join the children’s bathing time. He explained that it was good for children to get used to bathing with other adults as some of them may go to foster care.

emotions and responses to cases, which could in turn have an impact on my data collection, analysis, or even the outcomes of the cases – what Patton calls ‘instrumentation effects’ (1999: 1202). As it transpired, I did not get secondary trauma until I returned to the UK and spent two months translating paperwork detailing abuse for stage one of the coding process. I made use of the university counselling service and created time to decompress. The emotionally taxing nature of this research was also alleviated by the hope, in an indirect and long-term sense, of being able to contribute to improving this system.

The desire to improve the system poses a further ethical issue: how does the importance of having an ‘impact’, which is drilled into research council students, influence how they see their role as a researcher, their relation to the participants of their research, and their ability to understand their participants’ world as their participants do? I have come to believe that without a comprehensive understanding of the mechanisms underpinning processes, any attempt to have a positive ‘impact’ on them risks both the quality of the research and creating unexpected or even undesirable outcomes (see Edin and Kefalas, 2005; Pfau-Effinger, 2005; Sellman et al., 2002). As such, I focused on understanding the CGCs on their own terms, and where I attempted to have an ‘impact’, with occasional engagement with Human Rights Watch, politicians, and the MHLW, I always qualified my opinion with my doubts.

6. Self-reflexivity

I am English, male, white, middle-class and educated for my postgraduate studies in interdisciplinary departments at the University of Oxford. These factors undoubtedly frame both how I saw the worlds of my fieldwork and how I was seen during fieldwork. First, my ‘outsider’ status as a non-native researcher proved invaluable, both in gaining access and in allowing me to ask ‘dumb’ questions that a Japanese researcher would be expected to know the answers to, particularly on how words were used and the meanings ascribed to them.

Being ‘the Oxford researcher’ was a double-edged sword: it facilitated access, but on occasion led people to attribute me with more intelligence or insight than I have. While I emphasised my respect for everyone involved in the alternative care system, speaking both of my volunteer experience in the CWI and my desire to foster and adopt, I stressed that I knew nothing at all about the CGCs or the foster care system, and only a very limited amount about BIWIs and CWIs. I emphasised that I had no social work training, knowledge, or expertise, and that I had never done anything like this kind of work or research in the UK. This helped to ‘disempower’ me.

My lack of knowledge is not limited to social work. Prior to this doctorate I completed a history degree focusing on Western political thought, a Master’s in modern Japanese studies, studying sociology and anthropology, and a Master’s in comparative social policy. All of my postgraduate studies have been in interdisciplinary departments, and, while my methods are largely drawn from anthropology, I do not belong explicitly to one academic discipline. This is at times frustrating: for example, I have not read the canon of British anthropology on kinship. Conversely, it is possible that having multiple lenses and not being wed to one academic discourse better suits inductive theory-building research than research aiming to test or refine theory, in that my interdisciplinary training helps me to have a ‘dual personality’ (Meyer, 2001: 331).

7. Conclusions

This chapter has described the research design, data collection, data analysis, ethical considerations, and the researcher. The remainder of this doctoral thesis refers primarily to two of my three case studies: Teru and Irifune. These represent the ‘extremes’ of difference in policy implementation in my model. Moreover, the number of cases in Yuno, shown in the data analysis section, was limited. Despite not presenting Yuno in detail in the remainder of the

thesis I am incredibly grateful to Yuno, as without my fieldwork there this research would be much weaker.

The following two chapters lay out the context of policy implementation, with Chapter 4 examining the CGCs and the relationship between national and local authority, and Chapter 5 looking at the caseworkers' 'values' on the family-bond.

Chapter Four. The context of policy implementation: Organisations and authority

1. Introduction

This chapter provides the organisational context of the decision-making process by which a child enters alternative care. The first section outlines policy changes promoting foster care, the relationship between national and local authority, and how funding structures incentivise stability. The second section examines the CGCs, covering their role, organisation and staffing, before closing with an overview of the decision-making process.

2. National authority, local authorities

2.1 Policy promoting foster care

Prior to WWII, fostering in Japan was informal and privately arranged (Murata, 2006). The formal foster care system began with the 1947 Child Welfare Act, which also established the CGCs. This act remains the basis of alternative care, with Kashiwame arguing that the ‘basic tenets of alternative care have not changed since the war’ (2010: 7).

Japan’s approach to foster care can be split into three periods. In the immediate post-war period there was ‘great support for strengthening foster care’ (Miwa, 2016: 1), and the use of foster care peaked in 1958. Despite support for the idea of foster care, foster parents received minimal state support in this period (Goodman, 2000).

There were policy changes during this period that indirectly impacted upon foster care, including the 1947 Family Registration Act, which limited family units to two generations, and the 1948 amendment to the Civil Code that removed the status of the *ie*, the home, as a legal entity. These changes are addressed further in Chapter 5.

After this initial enthusiasm, the government took an ‘ambiguous, passive approach to foster care’ (Miwa, 2016: 10) until 2002. This can be seen in statements promoting foster care by the Welfare Ministry in 1954 (Kashiwame, 2010) and 1974 (Harada, 2013), without corresponding reforms (Kashiwame, 2010). Miwa argues that this ambiguity is likely to ‘have affected the CGCs’ understanding of foster care’ (2016: 10).

In 1987, the MHLW Secretary-General issued a memorandum that transferred authority from prefectural governors to local public bodies, and, according to Goodman (2000: 142):

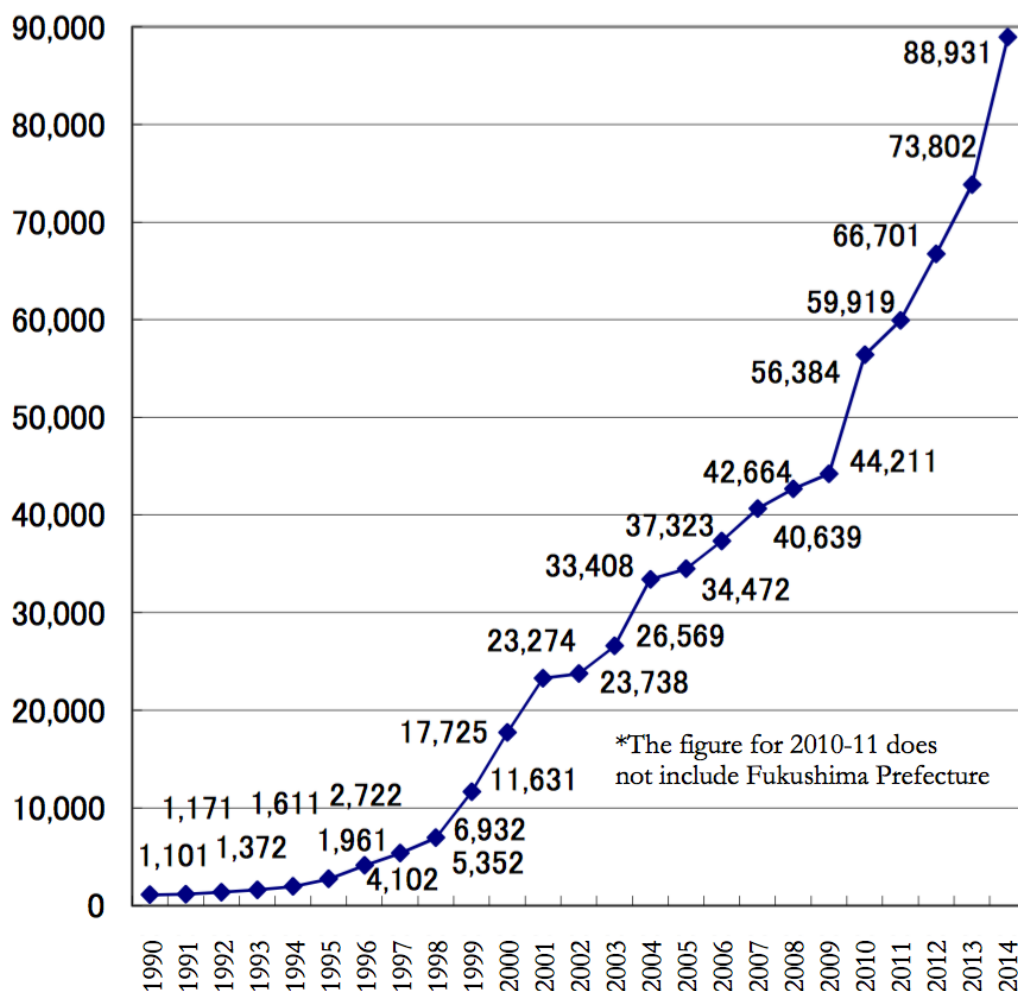
attempted to increase the number and improve the image of foster-parents and parenting by reducing the amount of investigation potential foster-parents had to go through before registration; by utilizing non-government organizations to publicize the activities of and train foster-carers; and by simplifying the standards expected of foster-parents... to simply having an understanding of child care and offering a stable family life.

This memorandum was followed by the introduction of ‘special’ adoption in 1988. This was framed as adoption ‘for the sake of the child’ (Goldfarb, 2013: 152), in contrast with ‘normal’ adoption of a known person to continue family lineage (Bryant, 1990; Krogness, 2014) or for economic reasons (Mehrotra et al., 2013). In 1994, Japan ratified the UN Convention on the Rights of the Child. Despite quinquennial UN reports criticising Japan’s alternative care system (see UN CRC 1998; 2004; 2010), this ratification had little effect on policy for the first 15 years (Goldfarb, 2012).

The 2000 Child Abuse Prevention Act followed the ‘discovery’ of child abuse (Goodman, 2000: 160-174) that had led to an explosion in the reporting of abuse, shown in Figure 24, from 1,101 consultations in 1990 to 88,931 cases in 2014. Goodman argues that this is more likely to reflect ‘a dramatic change in people’s awareness of what constitutes abusive behaviour and a greater preparedness to pass on concerns about behaviour to the state authorities and for those authorities to investigate those concerns’ (2002b: 148) than an increase in abuse.

Figure 24: Consultations on child abuse to child guidance centres. 1990-2014

○ The number of consultations on child abuse across all CGCs nationwide increased 7.6 times between 1999, with the passing of the Child Abuse Prevention Act, and 2014



Source (translated): MHLW (2016a). *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*. 2016, January: 4

This Act categorised abuse into physical, sexual and psychological abuse, and neglect. Under this act, anyone *knowing* of child abuse now had a legal obligation to report it. Goodman (2012: 116) argues that the increased awareness of child abuse has:

radically altered the relationship between the state and parents in giving much greater powers to state authorities to intervene in a context that had been seen as the exclusive and private domain of the family... Parents were no longer seen as being ‘naturally’ and unquestionably good... families were no longer considered sacrosanct... The stability of the family – seen by

many in the 1980s as one of Japan's greatest strengths... was no longer seen as necessarily superior to the rights of its individual members, particularly women and children.

Subsequent amendments, in 2004 and 2007, strengthened the 'capacity of local authorities to intervene into family affairs' (Kadonaga and Fraser, 2015: 236) and increased the role of the police and family court (Yamamoto and Sato, 2008). This included a change to anyone *suspecting* child abuse having to report it (Goodman, 2006).

The third period in post-war foster care, from 2002, marked a shift towards a 'positive approach to foster care in government' (Miwa, 2016: 9-10). The 2002 revision of the Child Welfare Act introduced formal kinship foster care, specialist foster care (MHLW, 2016b: 13) and respite care (Aizawa, 2011), as well as new higher minimum standards for registration (MHLW, 2002).

A 2004 amendment to the Child Welfare Act allowed cities other than 'designated cities'¹ to establish CGCs. This amendment also allowed foster parents to hold certain parental rights, though this 'changed little at the level of practice' (Goldfarb, 2012: 104). 2004 also saw the creation of an expert committee (Cabinet Office, 2009) to review cases where children had died following abuse.

2005 saw an amendment to Article 2 of the Enforcement Order of the Child Welfare Act, increasing the number of caseworkers from one per 100,000 to 130,000 people to one per 50,000 to 80,000 people (Miwa, 2012). Miwa argues that '[t]his was not done to increase the foster care rate, but you cannot deny the effect it had on this' (2014: 146).

While not a legal change, the 2007 'Report on measures to improve the alternative care system' by the MHLW 'Special Committee on Alternative Care' was influential (Harada, 2013). This called for the expansion of family-like care, which at this point included smaller CWIs, and an overhaul of CWI functions, including to support foster parents (Harada, 2013). The report

¹ In alternative care, the 20 designated cities, *seireishi*, and two additional cities, Kanazawa and Yokosuka, function as local authorities independently from the prefecture they are located in.

also called for the rights of children in care to be protected (Harada, 2013), though the Child Welfare Act still does not define what children's rights are (Goldfarb, 2013). This report 'also recommended that the national government provide a basic planning guideline to avoid disparity in foster care services among prefectures' (Harada, 2013: 21).

The subsequent 2008 reform to the Child Welfare Act introduced 'foster care with a view to adopt'. This aimed to distinguish foster care from adoption (Ito, 2015; National Foster Care Association, 2012; Shoji et al., 2010) and 'clarified that regular foster families are professional foster care providers who have gone through training programs' (Harada, 2013: 21). As such, 'regular' and 'kinship' foster carers were obliged to complete training from April 2009 (MHLW, 2016b: 13). This reform also allowed foster care services to be provided by organisations other than the CGC and increased foster parents' monthly payments, from 34,000 yen (£233) to 72,000 yen (£493) for regular foster carers, and from 90,200 yen (£619) to 123,000 yen (£843) for specialist foster carers (MHLW, 2011d: 14).²

This reform also allowed youth in self-reliance assistance homes to remain in care until the age of 20, and classified abuse within institutions as abuse (Goldfarb, 2013). This built on the 2005 'Minimum Standards for Child Welfare Facilities', which had prohibited abuse within institutions. A complaints procedure for children in institutions began in 2009. This took the form of a complaints box administered by CWI staff, a solution that was criticised by the National Association of Lawyers (Goldfarb, 2013).

Finally, the 2008 reform introduced 'family-homes' (Aizawa, 2011; Yokobori and Yamamoto, 2013), though these already existed in some local authorities (Kashiwame, 2010). In a lecture to CGC staff, Miyajima explained that the legal definition of family-homes³ can be paraphrased as 'public care that is carried out in an individual's home' (2014).

² For any further children, regular foster carers now receive 36,000 yen and specialist foster carers receive 87,000 yen. A child allowance, calculated primarily by age, is paid on top of this.

³ Child Welfare Act Article 6-3-8

The next significant change came with the 2010 ‘Vision for Children and Childrearing’ (Miwa, 2011; Matsumoto and Takada, 2012). This was launched under the Democratic Party of Japan and set targets for 2029 of having one-third of children in foster care or family-homes, one-third in small-scale ‘group-home’ CWIs housing around six children, and one-third in CWIs with 45 children or fewer in the main facility, organised into units of six to eight children (MHLW, 2010).⁴ The vision also tasked local authorities with creating five- and fifteen-year plans to achieve this.⁵

The wording of the vision does not imply that the increase in foster care will be at the expense of institutions: ‘in conjunction with working to reducing child abuse, *to meet the needs of the increasing amount*, and increasingly diverse needs of children who require out of home care, we will work to promote family style care’ (MHLW, 2010, emphasis added). This is also clear in the call for an increase in the number of CWIs, from 567 in 2008 to 610 in 2014 (see also Harada, 2013).

The vision speaks of ‘Children first’ and ‘meeting the individual needs of children’, which suggests a child-centred approach and ties into UN discourses on rights. Yet the emphasis is also on ‘shifting the burden of raising a child from the family on to the whole of society’ (MHLW, 2010; 2012b), a goal that ties into policy on increasing female participation in the labour force and the birth-rate (Matsumoto and Takada, 2012).⁶ There is tension in this vision, between children’s needs and the need for more children.

Ito captures concerns about the vision, noting that ‘the focus is promoting foster care but there is not enough discussion about how to do this safely and with support’ (2015: 1). The

⁴ The move towards smaller CWIs predates the 2010 vision (National CWI Association, 2011; Zenshakyō. 2007). Ogiso (2010) argues that this stems from changes led by innovative CWIs.

⁵ Some of these are publicly available (see Chiba Prefecture, 2015; Nagano Prefecture, 2013; Kanagawa Prefecture, 2015).

⁶ Policy documents on this vision emanated from the Supra-ministerial Organ on Population Decline and the Equal Employment, Children and Families Bureau within the MHLW.

2011 'Foster care guidelines' set out to address this.⁷ The most significant saw foster care become the default placement (MHLW, 2011b). An MHLW letter to the local authorities gave three primary reasons for this: concerns over attachment, the family acting as a model, and for the child to learn how to behave in society (MHLW, 2011c). The letter acknowledges the issue of parental consent and notes the change from the need for 'active' consent to a lack of informed opposition (MHLW, 2011c). The letter suggests that children who have been in a BIWI for 6 months or a CWI for a year with no parental contact are moved to foster care (MHLW, 2011c), though no mechanisms are created to facilitate this. Finally, it calls for local authorities to have a 'coherent policy' on foster care (MHLW, 2011c).

Another change introduced in 2011 allowed aunts and uncles who are kinship foster parents to claim the foster parent allowance as well as the child-rearing allowance.⁸ This change came in response to the March 2011 earthquake and tsunami (Tsuzaki, interview, 2012) and may fit into what Campbell terms 'artifactual' policy-making, 'in which circumstances... introduce a period of dynamic policy making that includes otherwise unpredictable welfare initiatives' (cited in Kasza, 2006: 152).⁹

2011 also saw a revision to the Civil Code that allowed the suspension of all parental rights for up to two years. This change came in response to CGC reticence to apply for parental rights to be cut (Goldfarb, 2013).

2011 also saw the recognition of 'foster care service agencies' (Hirada, 2014). This stemmed from concerns over a lack of service providers (Japan Child and Family Research Institute, 1998; Kikuchi, 2007; MHLW, 2012a; Tsuzaki, 2009). Welfare institutions can also be foster care service providers. The two largest providers, Key Assets and SOS Children's

⁷ Miwa argues that the MHLW made this guideline 'whilst strongly conscious of the 2009 UN guidelines for alternative care' (2012: 54). There is need for further research on the mechanisms of UN influence on this policy change (see Goodman, 2000: 200; Goldfarb, 2012: 36, 57).

⁸ Grandparents still cannot claim this.

⁹ This policy had an immediate impact. Nine months after the disaster only two of the 1,580 children who lost one or both parents had been placed into institutional care, despite local unemployment rates of up to 90 per cent.

Villages,¹⁰ are building capacity, though currently have little market share. Figure 25 (MHLW, 2016b) outlines the relationship between the CGCs and external foster care service providers.

In 2012, the MHLW created the ‘specialist counsellor for foster care support’ position within BIWIs and CWIs.¹¹ These counsellors are tasked with supporting foster carers, identifying children who can move from institutions to foster care, and promoting foster care to the public and within the institution. The number of welfare institutions with specialist counsellors rose from 115 in 2012 to 325 in 2014 (MHLW, 2016c: 33).

The outsourcing of the foster care service provision to institutions has been met with scepticism. Hirada’s survey of 589 CWI and 131 BIWI suggests this scepticism is valid. This survey, which allowed multiple responses, found that 16 per cent of counsellors were working in collaboration with a CGC or foster care agency, 15 per cent had foster parent consultations, 14 per cent were promoting foster care for children in their institution, 13 per cent helped with foster care training, 12 per cent were helping prepare children to move to foster care, and 12 per cent were conducting home visits of children in foster care (Hirada, 2014; see also Ito et al., 2014; Yokobori and Yamamoto, 2013). It is perhaps unsurprising that this use of taxpayers’ money is starting to be questioned by some within local authorities and the MHLW.¹²

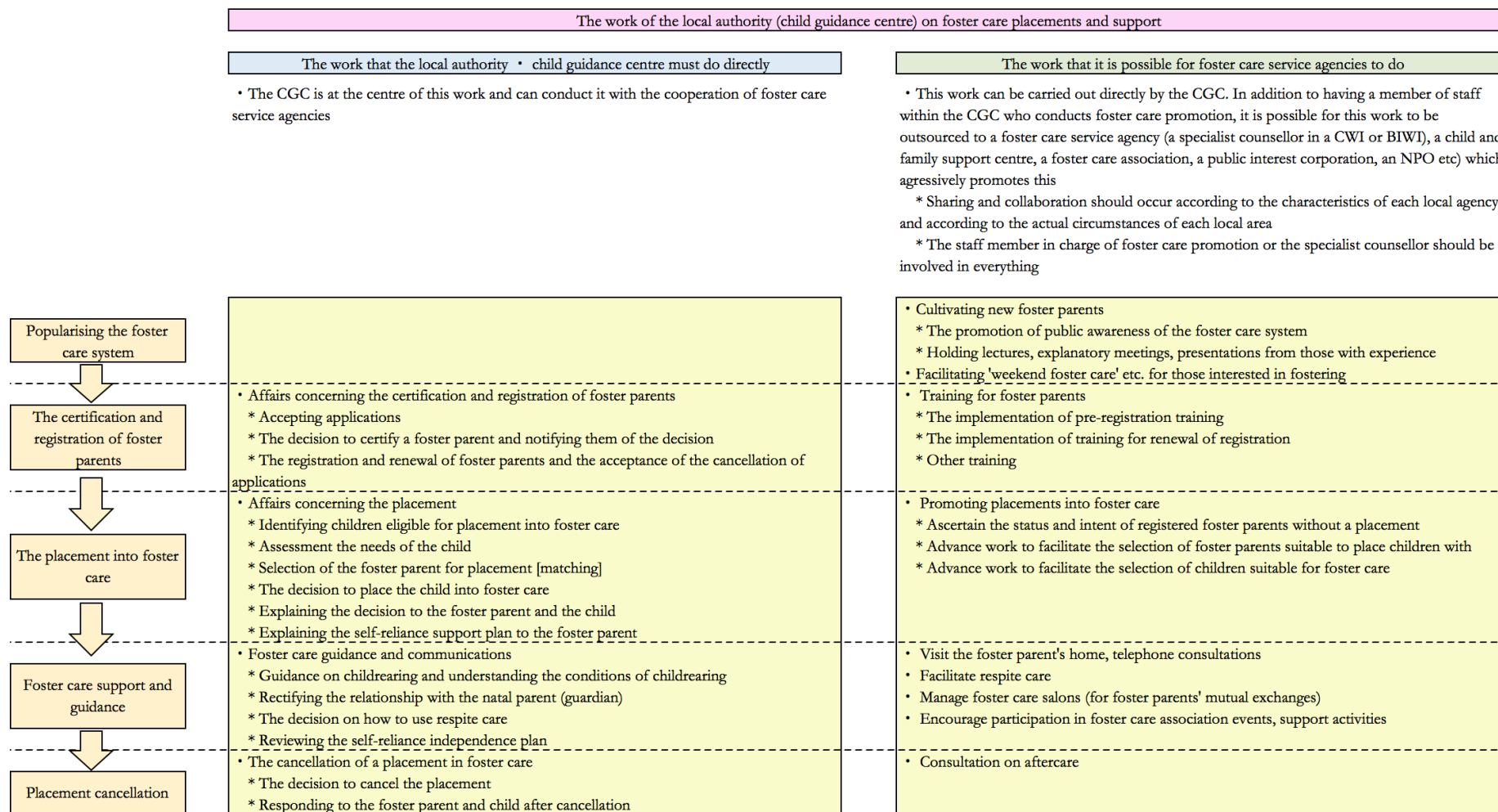
¹⁰ SOS Children’s Villages are working in 135 countries (SOS Children’s Village, N.D.). A senior manager of SOS in Japan noted that in every country but Japan and Colombia they are considered residential care not foster care.

¹¹ This policy echoes the practice of a pioneering Tokyo CWI (see Goodman, 2000: 137).

¹² One elite interviewee alluded to the possibility that this role may have been created in part to limit opposition from the National CWI association to the creation of the one-third foster care target and the Foster Care Guidelines.

Figure 25: The role of the foster care service agencies and the child guidance centres

The role of foster care service agencies and the child guidance centres



Source (translated): MHLW (2016b). *Shakai-teki yougo no genjou ni tsuite (sanka shiryō)* 2016, July: 21

Attending a 2014 conference for specialist counsellors left the impression that most counsellors are left to create their own job roles, under constraints set by their institutions and often with scepticism from their institution and local CGC (SBI, 2014). There are exceptions here: Yuno has worked closely with participating BIWIs and CWIs to create a job description and assessment mechanisms. Yuno has also introduced a lump sum payment for institutions that transfer at least one child to foster care, to counter fiscal incentives to ‘keep’ children in the institution, a measure MHLW bureaucrats are also contemplating.

Building on the 2010 Vision, the Diet passed the ‘Three Acts related to Children and Childrearing’ in August 2012 as part of a ‘New System for Children and Childrearing’ (Tanahashi, 2012: 1). Guidelines on the Acts state that municipalities are to ‘formulate implementation plans according to local needs’ (MHLW, 2015d: 179).

The 2016 Child Welfare Act reform is the most significant yet. The most critical amendment is the addition of Article 3.2, which lays out the principle of ‘family-based care’ (MHLW, 2016e; 2016f; 2016g). This argues that foster care, family-homes and adoption should be considered the default placements, particularly for pre-school children because of attachment issues. Human Rights Watch, who advocated for this change, argue that ‘[i]f this revised Child Welfare Act is diligently observed, the alternative care system will drastically migrate from institutions to families’ (Doi, 2016).

The reform also states that the ‘special’ adoption system will be reviewed and that local authorities must proactively promote foster care. The reform aims to strengthen the CGCs’ specialist knowledge, with each CGC appointing a lawyer, creating a new role of ‘supervisor’ with at least five years’ experience as a caseworker, and increasing the number of mental health professionals in CGCs.¹³

¹³ See MHLW (2016g; 2016h) for more details.

This reform also introduces regulations for adoption and foster care agencies for the first time. The lack of regulation resulted in cases, including one I saw during fieldwork, where the CGC suspects an organisation of child trafficking but feel they have no legal foundation to challenge it (see Bryant, 1990).¹⁴

So, what is the impact of this policy change on the foster care rate? Miwa argues that ‘national policy and systems have a large impact’ (2014: 145) but qualifies this by noting that the increase in the foster care rate started before the 2002 Child Welfare Act reform. Sano, the Teru CGC head, notes that national policy change takes time to filter down to local practice change. Discussing the Child Abuse Prevention Act, Sano (2014, interview) stated that:

This law has been in effect for about 14 years and finally the CGC are pretty equal now. This is in part as all local authorities basically started from zero knowledge on this. With foster care, each prefecture already has their own history, so this is not something that can change very easily... Unlike abuse, everyone is starting in different places.

There is a tension between principles of equality (see the Basic Act on Education, Article 4.1; the Children’s Charter, Article 2; the Vision for Children and Child Rearing, Section 3.2) and the delegation of power and responsibility to local authorities. Attempts to promote foster care that do not account for the ‘thick description’ (Geertz, 1973) offered in this thesis will lead to an increased divergence between local authorities in how policy is understood and implemented.¹⁵ The next section explores the relationship between national authority and local authorities.

¹⁴ In August 2017, the MHLW ‘Investigation committee on the new way of alternative care’ published ‘The New Vision of Alternative Care’ (MHLW NWAC, 2017). This calls for 75 per cent of babies and infants under three years old to be in foster care within five years and for 75 per cent of pre-school children to be in foster care within seven years. The ‘New Vision’ also calls for reform of the CGCs, temporary care, and welfare institutions. The vision also calls for national support instead of a reliance on local authorities to promote change, the strengthening of foster care service providers, and support for children ageing out of care, as well as the collection of more data at a national level. Finally, the vision calls for the promotion of adoption, with reference to the importance of permanency, for placement fees to be related to the complexity of need, and for measures to increase practitioners’ expertise and role specialisation within CGCs. This vision is not discussed in the thesis as it was published in the final few days before this work was submitted.

¹⁵ There have been discussions within the MHLW on this. The tentative conclusion was that while there is no evidence that there is a difference in outcomes between foster care and institutional care, regional variation is not a problem. Given the increased awareness of international discourse on the use of

2.2 National authority, local authorities

Hill and Hupe argue the importance of establishing the ‘layers in policy processes’ (2014: 66). The key national policy actors are the MHLW, the Liberal Democratic Party’s ‘Committee to think about the future of alternative care’, the National CWI Association, which has close links to the LDP committee, the National BIWI Association, and, to a lesser degree, the national associations of foster parents, family-homes, and specialist institutions.

Within the MHLW, welfare is understood as less powerful than health and labour, and within welfare, children are understood as the least powerful target group (Tsuzaki, interview, 2014). Within the MHLW, the ‘Specialist Committee for the Promotion of Foster Care’, established in 2012, has grown in influence and is conducting research aimed at establishing and sharing best practice on foster care (see MHLW SC 2013a; 2013b; 2014; 2015; 2016).

Changes of personnel within the MHLW, particularly of the head of the MHLW Child and Family Welfare Division, impact upon policy change. Many elite interviewees pointed to the importance of two previous division heads, the first of whom introduced family-homes, a decision that one interviewee described as influenced by his ‘personal views on the importance of fostering’ (anonymised, 2015). The subsequent division head was also ‘pro’ foster care. His stewardship coincided with Ms. Komiyama serving as Deputy-Minister at the MHLW, who Sakakibara describes as having ‘strongly supported the kicking-off of reforming children’s social care’ (interview, 2014).¹⁶ This political support facilitated the division head in passing the 2011 foster care guidelines.¹⁷

The key actors within local authorities are the CGCs, the prefectural or city halls, and the local care provider associations. The relationship between national and local authority was

institutions, particularly for babies and infants, and the desire of two international NGOs to commission research on the impact of institutionalisation in Japan, it seems likely that this evidence may soon exist, which would lead to regional variation being problematized.

¹⁶ A position shared by Tsuzaki (interview, 2014).

¹⁷ Similarly, Shiozaki, the current Minister of Health, Labour, and Welfare, is understood by well-connected advocates of change to being central to the 2016 reforms (interviews, 2017).

succinctly explained by an MHLW bureaucrat, who stated that ‘we don’t want to be fascist, you know, or dictatorial, telling local government what they have to do’ (interview, 2014), before adding that it was the responsibility of the Ministry to ‘create the framework, the targets’ and that it was for ‘local government to address local issues using local resources’ (interview, 2014).

This position is largely shared by local authorities. The head of a CGC that had seen a rapid rise in their foster care rate explained that ‘the country is following a general mode of government of *chihou bunken* [decentralisation to local jurisdictions]. The way of thinking, generally speaking, is that the areas do their own planning for their own problems’ (anonymised, interview, 2014). When I asked whether the MHLW should have a more direct role in local authorities that are not reforming, the CGC head responded, ‘No. I just wish they [the local authorities] would try a bit harder’ (anonymised, interview, 2014). Goldfarb’s account of the establishment of a ‘baby-hatch’ for parents to ‘abandon’ their children, which occurred ‘in the face of then Prime Minister Abe Shinzo’s emphatic disapproval’ (2016b: 2), is an example of the autonomy local authorities have.

The MHLW does issue guidelines on the basic functions and organisation of the CGCs (see MHLW, 2016h) but these do not detail practice. Local policies are created by the local authority hall and senior CGC managers, with input from local care providers. There are echoes here of the ‘collaborative policy formation’ that Stoker (1991) outlines in the relationship between the US federal government and the states.

May and Winter note that ‘[g]iven that municipalities are not direct arms of central government and that each is subject to a variety of political, economic, and labor market pressures, they cannot be expected to readily endorse the national goals’ (2007: 462). The rejection of the one-third foster care target by local authorities, noted in Chapter 1, highlights this tension. In the words of one MHLW bureaucrat, some local authorities have submitted ‘a

piece of paper that they wrote because they have to, with no real meaning' (interview, 2014).¹⁸

The gap between national policy and local practice can also be seen in the use of foster parents: 40 per cent of CGCs do not permit couples who both work to become foster parents, despite MHLW guidelines explicitly allowing this (Makimoto, 2015).

Despite the belief that local authorities should exercise discretion, several CGC staff complained that most direction from the MHLW comes in the form of *gijutsu-teki-na jogen*, technical guidance. This is not legally binding and, in one caseworker's words, usually contains no 'practical information on how to do these things' (interview, 2014). The caseworker gave an example of guidance on inspecting family-homes, which stated that this should occur every six months (MHLW, 2009b) but included 'nothing at all about what the inspection has to be or include' (interview, 2014). When asked why this was, the caseworker posited that the MHLW may be shirking legal responsibility for any outcomes of policy implementation.

Similarly, while the structure of the meetings in which the decision-making process occurs is established (MHLW, 2016h), there are no detailed national 'decision trees' to help determine when a child should be removed from the family or to help determine placement type.¹⁹ Some local authorities, including Yuno and Osaka, have created 'risk assessment tools' that aim to codify the decision-making process around removing a child in emergency situations, though these are only used at a local level.

This tension speaks to a broader debate on street-level bureaucrats. Where should the power to make decisions lie? Is it for national government, local authorities, implementing organisations, or individual caseworkers to make these decisions? Hill (2013) outlines this

¹⁸ I do not attach any normative evaluation to this. These local authorities may have decided to focus their limited resources on reforming practice in another area, such as abuse prevention. Equally, it is not clear that local authorities with a high foster care rate are 'good'. Several interviewees expressed concern over Niigata, which has the highest foster care rate, because at 7.6 children per 10,000, Niigata places the lowest rate of children into care.

¹⁹ There are two kinds of cases where more concrete decision trees exist: for moderate to severe disability, where thresholds in IQ determine access to services, and where the child is criminally culpable and the CGC must refer the case to a court. These cases fall outside the alternative care system.

debate, which has oscillated between seeing street-level bureaucrats as subverting the will of an elected national body, to seeing them as tailoring impersonal national policy to local issues.

The MHLW's 'technical guidance' echoes Torenvlied and Ackerman's concept of 'soft policy', which covers 'recommendations, information campaigns, and action plans rather than collectively binding decisions' (2004: 32). Hill and Hupe argue that this approach can result from 'complexity [or a] deliberate commitment to delegated discretion' (2014: 76), both of which are found here.

Where discretion is delegated, it is often counter-balanced by independent assessment to ensure national standards. Hill, when looking at 'how guidelines affect occupational practice' (2013: 265), argues that 'there is... a need to give attention to the sanctions that follow from disregarding them' (2013: 265). Here Hill includes 'immediate reporting back to a superior... regular collection of monitoring data... intermittent inspections... [and] attention to whether practice followed guidelines when something has gone wrong or complaints arise' (2013: 265). In the CGC there is no collection of monitoring data and no inspections. Decisions are run past superiors, who are also non-professionals, and only the most serious issues are investigated externally.²⁰ There is no independent national assessment body to ensure that CGCs, and indeed welfare providers, are carrying out their work to national standards.²¹

During my fieldwork, the tension between national and local authority was most visible when the CGCs felt unable to make the changes they deemed necessary to promote foster care. Issues raised by CGCs included their inability to act without parental consent, the lack of regulation for foster care and adoption agencies, and the funding structure for placements into different types of care. CGCs also raised challenges with funding de-institutionalisation, staff rotation, the lack of specialised training, and the limited involvement of courts, police, schools,

²⁰ This normally only occurs when a child known to the CGC dies.

²¹ Recent interest in the role of OFSTED in the UK suggests that this issue is under consideration.

and hospitals. Responding to these issues requires coordination across vertical as well as horizontal layers of government.

In some issues, including foster parent registration, local authorities can compensate for their limited authority. The national threshold for registration is low: a potential foster carer must have financial stability, be healthy enough to care for the child for the expected placement duration, complete local training, and not have been convicted of child pornography offences, child abuse, or other similar crimes.²² This means that CGCs are obliged to register almost everyone who completes training. Here local authorities have low discretion. The caseworkers respond to this by exercising discretion in determining which of the registered foster parents have children placed with them. Staff acknowledge that this can cause heartache, with foster parents left waiting for a child who will never come, but see this as a lesser evil than placing a child with unsuitable foster parents.²³ The local exercise of discretion leads to regional variation in the rate of registered foster parents who are used. In 2014, for example, Miyagi used 56.7 per cent of their 90 registered foster carers, whereas Fukui used only 19.4 per cent of their 72 registered foster parents (MHLW, 2016i).

Registered foster parents fall into three categories. The first group are those considered obviously suitable. These include those with professional experience working with children and often those in 'traditional' families, with a male breadwinner and female housewife who have support from the community or extended family. These foster parents were often referred to as *'itaku dekiru sato-oya'*, foster parents who you can place a child with.

The second group are those who are considered clearly unsuitable. One such foster parent had been discovered to be abusing her foster child, and a second was being investigated for fraudulently spending their foster children's inheritance. The abusive foster parent could

²² Some local authorities do not even run police checks.

²³ This definitely is not to suggest that all foster parents without children are considered unsuitable.

not be de-registered as the abuse could not be proved,²⁴ though the couple suspected of fraud were de-registered as their acts were being investigated as a criminal matter.

I termed the third group *giri giri* foster carers, a term that has since been adopted into discourse.²⁵ The term *giri giri* is most commonly heard in baseball commentary when someone is ‘just’ safe or ‘just’ out. The ability of a CGC to use this group of foster carers is dependent on the CGC’s ability to support them and on the CGC’s confidence in their ability to provide this support. A confident CGC with good support systems can use more of these foster parents than one with limited capacity and confidence.

The tension between local and national authority on this issue was made explicit during a 2014 visit by an MHLW bureaucrat to the Teru CGC. During this visit a senior manager asked if Teru could register only foster parents who had the potential to be used. The MHLW bureaucrat initially replied in the affirmative. The senior manager then asked, ‘But what would happen if we were sued by someone who met the national standards but who we refused to register?’ The MHLW bureaucrat was reticent to respond and the matter was left unresolved.

Here the local authority can overcome its limited authority by exercising discretion elsewhere, by registering but not using foster parents. In other cases, such as obtaining parental consent, the limits on local authority are harder to challenge. Where discretion is exercised through alternate routes, the impact of the caseworker’s values, norms, and the organisational culture in which they work upon policy implementation will be amplified, increasing regional variation in practice.

Sano, the Teru CGC head, argued that a language barrier had resulted in Japan’s alternative care system developing in isolation, as a kind of ‘Galapagos’ (interview, 2014). Taking

²⁴ The CGC head expressed concern that this foster parent, who was moving outside the local authority, was likely to register in their new local authority. Senior politicians are currently discussing the creation of a national child protection register to ensure that children who move local authorities are not lost to the system, though this would not cover foster parents such as this one.

²⁵ Previous research has divided foster carers into two categories, those who can be used and those who cannot (see Miwa, 2014; Miyajima, 2001).

this metaphor further, local authorities appear to be developing in isolation from one another, much as the Galapagos Islands developed biodiversity within the archipelago. There is some peer-to-peer policy and practice learning but this is undertaken only by proactive local authorities.²⁶

Hayes' argument that 'the decentralized structure of Japan's adoption service has tended to limit reform efforts to a local level' (2008: 82) is also true of reform in foster care. Despite the limitations of local authority, for example on parental consent, most actors are calling for increased devolution of power to facilitate the development of foster care (see Kashiwame, 2011) rather than an increased role of central government (Miyajima, 2014).

This section has outlined the *yoko-wari*, horizontal divisions, between national and local authorities. In addition to these divisions, Japanese bureaucracy has *tate-wari*, vertical divisions between siloed ministries.²⁷ A third split that is rarely discussed is *keiji-wari*, divisions over time, caused by staff rotation at all levels of government. These three divisions dissipate authority, increasing the likelihood of path-dependent change. This section next turns to consider the impact of the fiscal structure, which is also layered, on policy implementation.

2.3 Budget allocation and financial incentives

Institutional care in Japan is more expensive than foster care, with some BIWI placements costing over seven and a half times foster care (see Table 14). Given that cost difference has contributed to de-institutionalisation elsewhere (Browne, 2008; EuroChild, 2012; Tobis, 2000), it is strange that this seems to have had limited affect in Japan. There are three reasons for this. The first is that the numbers in Table 14 do not reflect the full cost of foster care. While a

²⁶ There is a National Association of CGC heads, but this appears to have limited influence. There is also a smaller association for CGC heads in the designated cities, which one CGC head described to me as being more dynamic.

²⁷ One example of this is the resistance in both the Ministry of Education and the MHLW to attempts to 'merge' kindergartens and nurseries, which are managed separately by these ministries, even after cabinet directives and legislation on this.

placement into a welfare institution covers all the running costs, in foster care the CGC must also recruit, train, select, register, and support foster parents.

Table 14: Costs of alternative care

	Payment per month to care provider for first child	Payment per month for subsequent children
Foster care	72,000 (£493)	36,000 (£247)
Specialist foster care	123,000 (£843)	87,000 (£596)
Additional general allowance for foster parents*	Babies and Infants: 57,290 (£393) Children: 49,680 (£341)	Babies and Infants: 57,290 (£393) Children: 49,680 (£341)
Approx: Foster care**	125,485 (£861)	89,485 (£614)
Approx: Specialist foster care**	176,485 (£1,210)	140,485 (£964)
CWI***	280,000 (£1,921)	As first
BIWI****	532,000 - 959,000 (£3,650 - £6,579)	As first

* Foster parents are paid an further payment to cover the child's nursery, education, medical, commuting, or training costs

** Approximate payment to foster parent and specialist foster parent adds the basic payment to the average of the two different general allowances

*** CWI payment depends on the size of the CWI and the age of the children there. The figure given is an approximate figure given by the MHLW based on a CWI having 45 children of school age. This figure includes the costs noted for foster carers by the *. The CWI receives additional funding for younger children to meet the higher staff to child ratio required here. The CWI also receives an additional 87,000 yen for each child cared for in group care. Given that every CWI I have seen has children younger than school age, the average payment per child will be higher than the number cited here. This also contributes to the fact that some CWI are reluctant to facilitate the transfer of younger children, who are seen as less demanding, to foster care. Public CWI are more expensive than private CWI, largely due to increased staff costs.

**** BIWI payments vary significantly and are not made normally made public. The range that I have found so far is given here. Private BIWI are significantly cheaper than public ones. The public figures cited here are from 2007 and are likely to have risen

Exchange rate of £1 = 145.87 yen (December 13th 2016)

Data sources:

Foster care, specialist foster care, CWI: MHLW. (2016b). *Shakaiteki yougo no genjyou ni tsuite (sankoushiryou)*. 2016, July: 7-13.

BIWI: Chiba. (2007). *Shakai-teki yogo o hitsuyō to suru kodomo tachi no tame ni ~ Chiba ken ni okeru shakai-teki shigen no arikata ni tsuite tōshin ~*: 7. Azabu BIWI. (2015). *Zaimushohyō-tō*

The second reason is that institutions in Japan are not as expensive as they are elsewhere.

In 2003-4 in New South Wales, Australia, each residential care placement cost the local authority up to AUS\$346,000 per child per annum (Ainsworth and Hansen 2009: 146).²⁸ Japanese welfare

²⁸ £141,810 per annum (October 1st, 2003).

institutions achieve lower costs through economy of scale, by employing fewer staff,²⁹ and by requesting that children with more complex needs are moved to specialist institutions or foster care. Staffing costs are further reduced by the high staff turnover, the result of long hours, low pay, and a glass ceiling on promotion (Goodman, 2000).

The final reason is that placement costs are split between the local authority and national authority, while the cost of any locally initiated reform is met locally. To understand this, we must first outline the funding structure for alternative care.

The local authority's alternative care budget is framed by an MHLW 'menu'. This has broad categories, such as 'foster care recruitment' and 'careleavers' support'. The local authority hall allocates money to each category and the MHLW matches this up to a cap. Local authorities do not have to allocate a budget to every category: for example, Yuno does not allocate any money to the 'careleavers' support' as bureaucrats here believe that tackling the largest challenges sequentially, rather than in parallel, is the most effective use of their limited resources.

In theory, the use of both MHLW and local funds can be audited. In reality there is no national accountability here as the sums involved are a fraction of areas such as construction. Nor does the MHLW menu define how goals, such as the 'support of careleavers', are to be achieved. A Yuno hall bureaucrat explained, 'There are so many ways you can do foster care promotion and recruitment, it could be giving out leaflets at shopping centres, asking foster carers to help with recruitment, there is no "correct" way to do this, so we are left to work it out on ourselves' (interview, 2015).

The local authority, then, decides both the allocation of funds to menu categories and how this money is used. These decisions are often shaped by local events. Prior to the current focus on foster care, the death of two babies known to the Yuno CGC led to a focus on risk assessment. In many countries, including the UK, Ireland, and Australia, incidents such as this

²⁹ See Appendix 4 for staff to child ratio.

have prompted national policy and practice change. In Japan, with a notable exception in 2004,³⁰ investigations and practice changes occur at a local authority level.

Political influence is an important factor in the allocation of resources. The governor or mayor of a local authority³¹ can increase the budget of alternative care and influence policy direction. In Teru the vice-governor, supported by the CGC head, ensured that a windfall from the privatisation of the public nurseries was invested in the CGC and, within this, used to promote foster care. In Aizu the governor allocated the largest increase within all budget sectors to alternative care, with a focus on increasing the quantity and quality of foster care. These acts echo Meyers and Vorsanger, who argue that policies ‘with strong political champions, are likely to command... appropriate resources for implementing agents’ (2003: 253).

Fees paid to foster parents and institutions are also split equally between the MHLW and the local authority.³² A placement into foster care, rather than a CWI, saves around 158,000 yen.³³ The local authority recoups half of this, but must provide foster care services for this amount. While this is marginal for CWIs, the savings for BIWIs rise to as much as 830,000 yen.³⁴ Even when halved, it seems that developing foster care services for babies and infants would save local authorities money. So, why has this not happened?

The CGC holds greater moral responsibility for a child in foster care than it does for one in institutional care. A child being abused or dying in foster care, where the CGC is the service provider, has more of an impact than the same occurring in an institution, which is staffed by professionals and where the CGC is the service regulator (Goldfarb, 2013; Tsuzaki, 2009).

³⁰ The Kishiwada incident of 2004, which led to a change in legislation from having to report known abuse to having to report suspected abuse, is a rare exception to this.

³¹ I have used the terms governor and local authority hall for all my local authorities.

³² The local authority is responsible for meeting additional costs associated with education, training, or medical procedures.

³³ £1,076 (9th July 2017).

³⁴ £5,654 (9th July 2017).

Practice change in Tokyo illuminates this. There have been deaths in Tokyo BIWIs over the last few decades, none of which resulted in major changes. Following the death from abuse of a baby in foster care in Suginami in 2010, the natal mother sued Tokyo metropolitan authority for placing her child in an unsafe environment (Yamamoto, 2014). Two senior Tokyo bureaucrats independently noted that this resulted in an increased caution over foster care. One of the bureaucrats explained that a decision was made to extend the *kouryuu*, acclimatisation, period to six months, ‘to reduce risk for the institution’. As temporary care placements are not supposed to last more than two months this led to an increase in placements in BIWIs. The bureaucrats also both noted a case where a baby had been found to have a disability, which led the foster parents to ‘reject’ the child. One bureaucrat noted, ‘[t]he mothers are weak, have not been very healthy when [they] give birth to the child... for these kind of children from weak births/mothers to go straight to foster care can be tough’ (interview, 2015). The responses to these incidents meant that in 2013 only one infant under one year old, out of 224, was placed into foster care in Tokyo (MHLW, 2015e: 85).

It is perhaps unsurprising, then, that BIWI pamphlets often highlight that they ‘protect the lives’ of babies and infants (Shion Gakuen, N.D.). Indeed, the MHLW ‘Committee on the Issues relating to Alternative Care and Institutions’ defines the role of the BIWI as being to ‘protect the lives of babies and infants who need alternative care. That is, to guarantee the lives of babies and infants who cannot express their volition in words’ (MHLW, 2011e: 14). This not only highlights the dangers of abusive households, but also implicitly contrasts BIWIs with foster parents, very few of whom have professional experience with babies and infants.

Tversky and Kahneman argue that ‘losses and disadvantages have greater impact on preferences than gains and advantages’ (1991: 1039), a phenomenon they term ‘loss aversion’. Any marginal gains that CGCs may see in placing a child into foster care are weighed against the potential impact of the placement going badly. This serves to minimise the impact of the cost difference between BIWIs and foster care.

The final issue related to finance is the fact that around 98 per cent of children in BIWIs or CWIs are cared for in private institutions (see Table 15). It is harder for a CGC to close a private institution than a public institution, and the private institutions are active in lobbying at both the local and national levels. Goodman notes that ‘there is no doubt that those who run the *yogoshisetsu* [CWIs] have vested interests in maintaining them as going concerns. There is no doubt also that this may not always be in the best interests of the children in care’ (1999: 79; see also Tsuzaki, 2006; 2009).

The dominance of the private sector here leads to what Donahue and Zeckhauser term ‘diminished capacity’. Donahue and Zeckhauser (2008: 508) argue that:

In some cases opting for indirect production may discourage or even preclude the maintenance of capacity for direct governmental action... To the extent that government becomes dependent on private capabilities, it puts itself in a disadvantaged position in future rounds of negotiation with its agents. Whether “path dependency” presents trivial or profound barriers to reverting to a direct delivery model, and whether reliance on external capacity entails minor or major future costs, will depend on the details of each case.

In the alternative care system, the sunk-costs of the institutions represent a profound barrier to reverting to a direct delivery model. As yet, policy attempts to create external foster care service providers have not taken sufficient account of the additional costs associated with providing (Hirada, 2014) or developing this service. Having outlined the context of policy, national and local authority, and finances, this chapter next outlines the context of the CGCs.

Table 15: Private and public institutional care provision

Institution	Public			Private			Total number of institutions	Total number of children	Public institutions (%)	Children in public institutions
	Number of institutions	Number of children	Average size	Number of institutions	Number of children	Average size				
BIWI	6	89	14.8	125	3048	24.4	131	3137	4.6%	2.8%
CWI	16	505	31.6	574	27044	47.1	590	27549	2.7%	1.8%
MCWI	51	985	19.3	197	8382	42.5	248	9367	20.6%	10.5%
STTIEDC	4	130	32.5	34	1145	33.7	38	1275	10.5%	10.2%
CSRSI	56	1467	26.2	3	52	17.3	59	1519	94.9%	96.6%

Abbreviations: Baby and Infant Welfare Institution, Child Welfare Institution, Mother and Child Welfare Institution, Short-term Therapeutic Institution for Emotionally Disturbed Children, Child Self-Reliance Support Institution

Data Sources:

MHLW. (2015h). *(Kihon-byō) Shakai fukushi shisetsu-tō-sū, -koku - todōfuken - shitei toshi - chūkaku-shi, shisetsu no shunri keiei shutai no kōei - shiei-betsu.*

MHLW. (2015i). *(Shōsai-byō) shakai fukushi shisetsu-tō no teiin zaisho-sha-sū, -koku — todōfuken — shitei toshi — chūkaku-shi, shisetsu no shunri keiei shutai no kōei — shiei-betsu.*

* Data on Self-Reliance Assistance Homes is not reported with the other welfare institutions

3. Child guidance centres

3.1 Child protection within local authorities

In 2014 there were 207 CGCs, each with at least one staff member responsible for foster care (MHLW, 2016a: 92). 98 of the 335 foster care caseworkers worked solely on this, while 237 held a concurrent position (MHLW, 2016a: 92). Some local authorities also employ staff to promote foster care. There are 162 of these staff members, though only 37 work full time (MHLW, 2016a: 92). These staff can be employed within the CGC or in external foster care service agencies (see Table 16). The number of caseworkers has increased from 1,230 in 2000 to 2,924 in 2014. This increase, by a factor of 2.4, is significant but is less than the 7.6 times increase in the number of abuse cases reported to CGCs in this period (MHLW, 2016c: 4). The impact of regional variation in staffing is considered in Chapter 6.

Figure 26 shows the organisation of child protection within local authorities.³⁵ Revisions to the Child Welfare Act in 2004 and 2008 increased the role of municipal offices in tackling abuse (MHLW, 2016b: 32; see also Japan Child Welfare Association, 2005). These offices now investigate more cases than the CGCs (see Figure 27), though these are less serious cases. Abe (2014) notes that CGCs have more expertise and power but are unable to provide day-to-day ongoing support, whereas municipal offices have more regular contact with vulnerable families and access to benefits and support services that facilitate preventative work, but lack power and expertise (see also Tashiro and Yamamoto, 2011).

³⁵ There are variations: Yuno has an office between the CGCs and the local authority hall that does all the 'shared' work of the CGCs, including foster care recruitment and administration.

Table 16: Foster care caseworkers and foster care promotion staff

	Child Guidance Centre Structure				Staff within the foster care service agency structure						
	Number of CGCs	Foster care caseworkers			Foster care promotion workers						
		Total	Specialist	Concurrent	Total	Full time	Part time	Employed by local government, working in CGC	Employed by agency, based in CGC	Employed by agency based in agency	Working as caseworker and given the name 'foster care promotion worker'
Nationwide	207	335	98	237	162	37	125	124	11	16	11

Source (translated): MHLW. (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryou)*. 2016, January: 92

Figure 26: The organisation of child protection

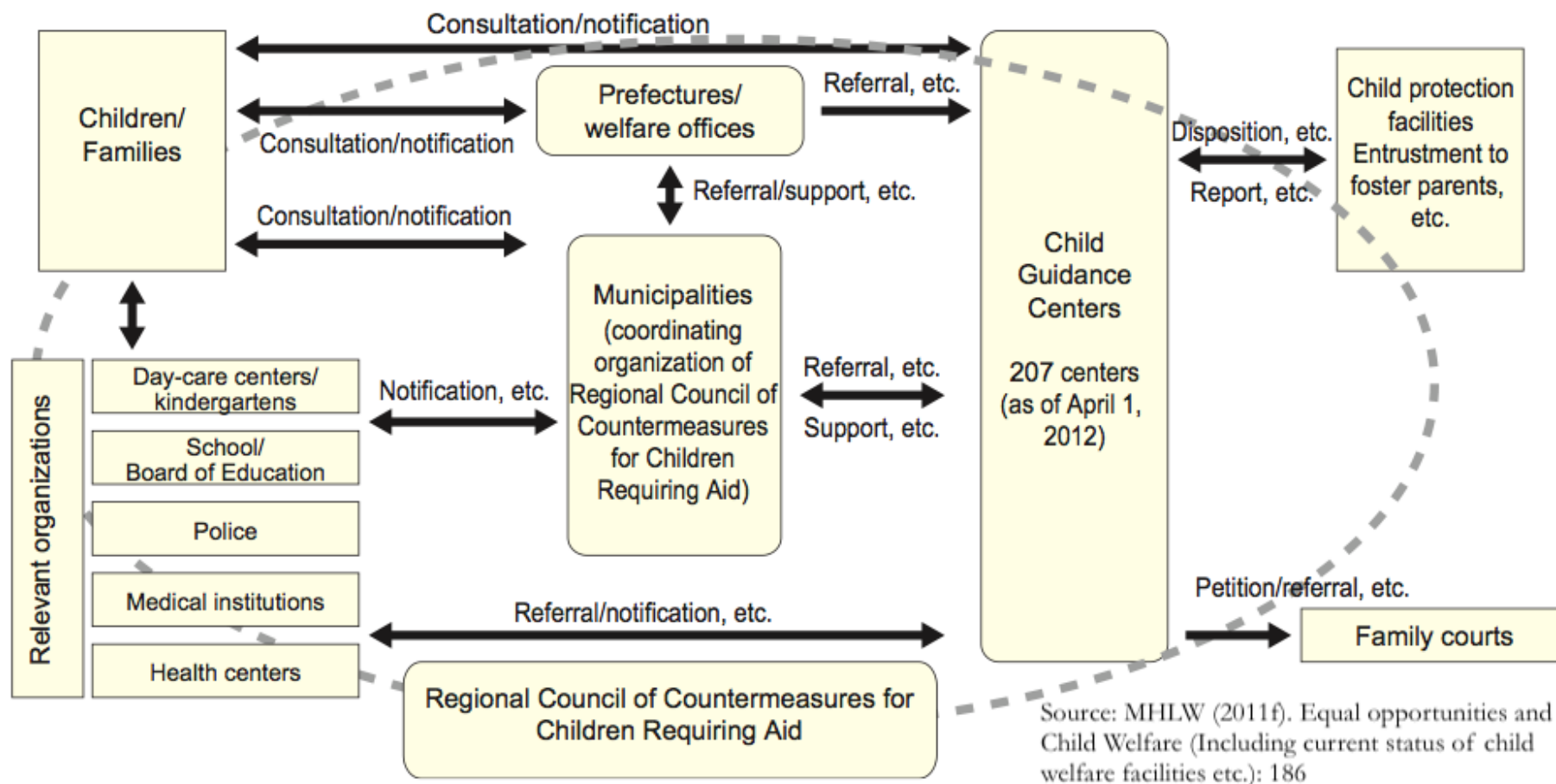
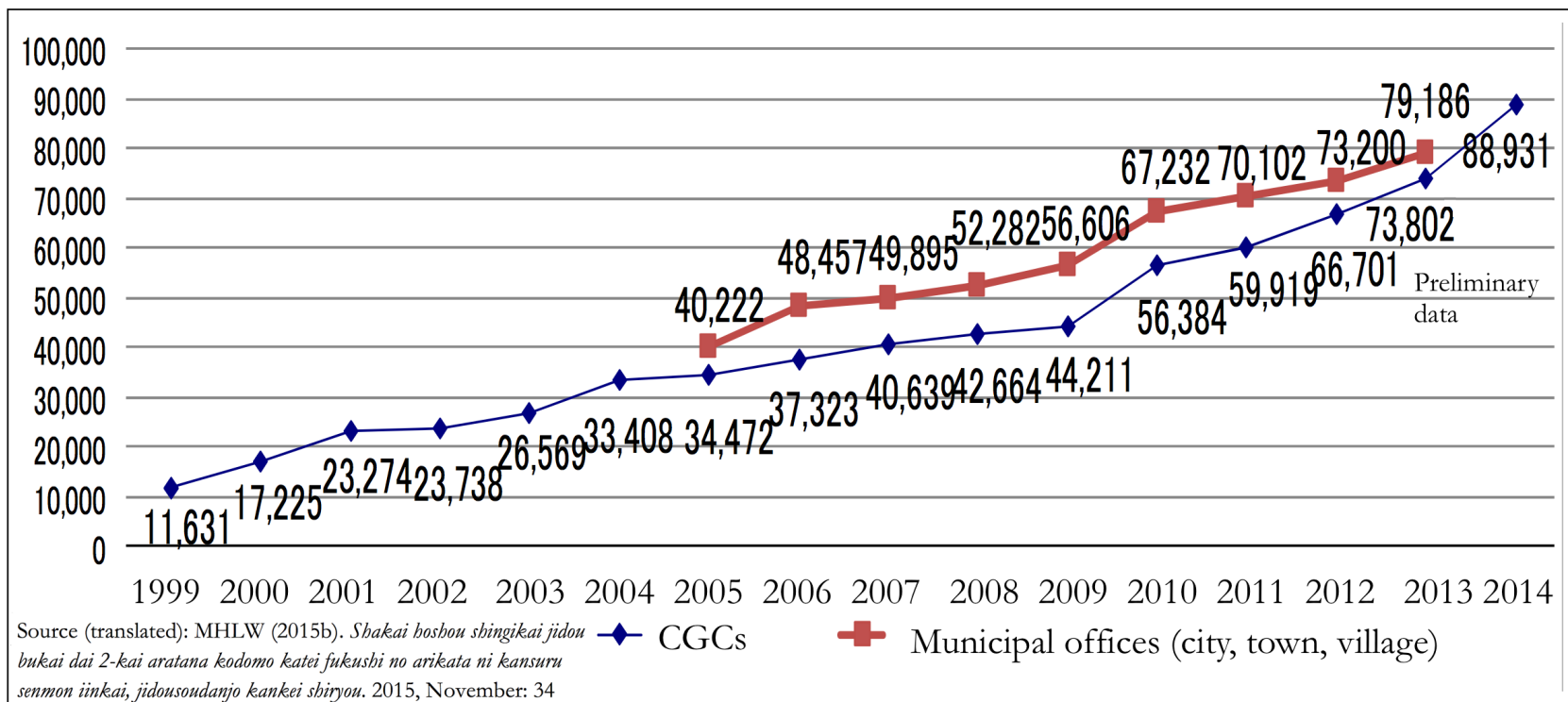


Figure 27: Abuse consultations in municipal offices and child guidance centres. 1990-2014

Trends in the number of consultations on child abuse

- The increase in the number of consultations on child abuse
 - In 2014 there were 88,931 consultations on child abuse in child guidance centres nationwide
 - There has been an increase every year since statistics began
 - There has been a 7.6 times increase since 1999



Abe argues that '[m]ulti-agency cooperation is indispensable in the response to child abuse, yet due to the small number of people, their caseload, and the weight of responsibility involved, the idea that a network should be involved in case meetings seems to be scarce' (2014: 2). In the CGCs external actors, including the parent and child, do not attend decision-making meetings.³⁶

Despite the increased role of municipal offices in prevention and detection, the CGCs remain the heart of child protection services. It is notable, if perhaps accidental, that in the MHLW organisational chart (Figure 26), family courts have been placed outside the circle of cooperation and responsibility. Harada notes the lack of criminal punishment for failing to report abuse or immunity for 'good faith' incorrect reports (2010). The lack of judicial involvement in the decision-making process (see Harada 2010; Kubo, 2012; 2014; Kurihara, 2011; Tsuzaki, 2008) is discussed below.

CGCs also face limited support from schools (Takahashi et al., 2010), police (Yamamoto and Niiro, 2009; Yamamoto and Sato, 2008), and medical institutions (Goodman, 2000). On schools, Sano explained that '[s]ome traditional teachers see this role, of caring for the child's overall wellbeing, as primarily their responsibility rather than the CGC's, and are unwilling to act in a way that will compromise their relationship with the parents' (interview, 2014). On hospitals, Sano (2014, interview) noted that:

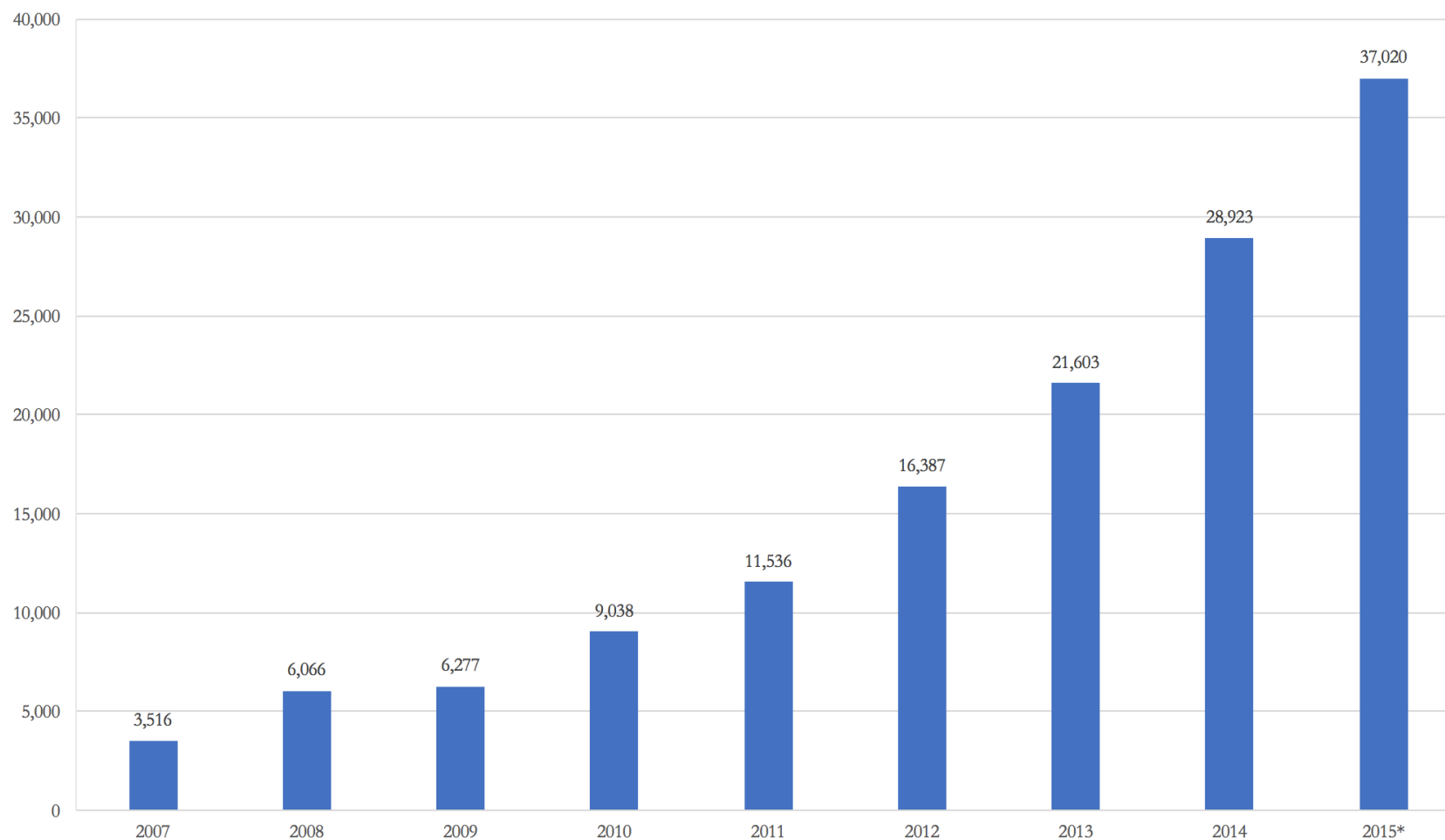
Doctors in Japan still often don't contact CGCs when they find gonorrhoea or chlamydia in children as young as 5. They still believe that it can be passed through towels and sharing a bath as they still don't recognise that parents may be abusing their children. For example, if a teacher goes in with his five-year-old child and she has gonorrhoea they will just think, oh he's a teacher, he can't have abused her.

³⁶ I saw two exceptions to this. In both instances, in Teru, the CGC invited a CWI head to discuss the CWI's desire to transfer a child to foster care.

Sano argued that under-reporting is ‘particularly acute with private hospitals, because the patients are customers, and will not come back to the hospital if they report them to the CGC’ (interview, 2014).

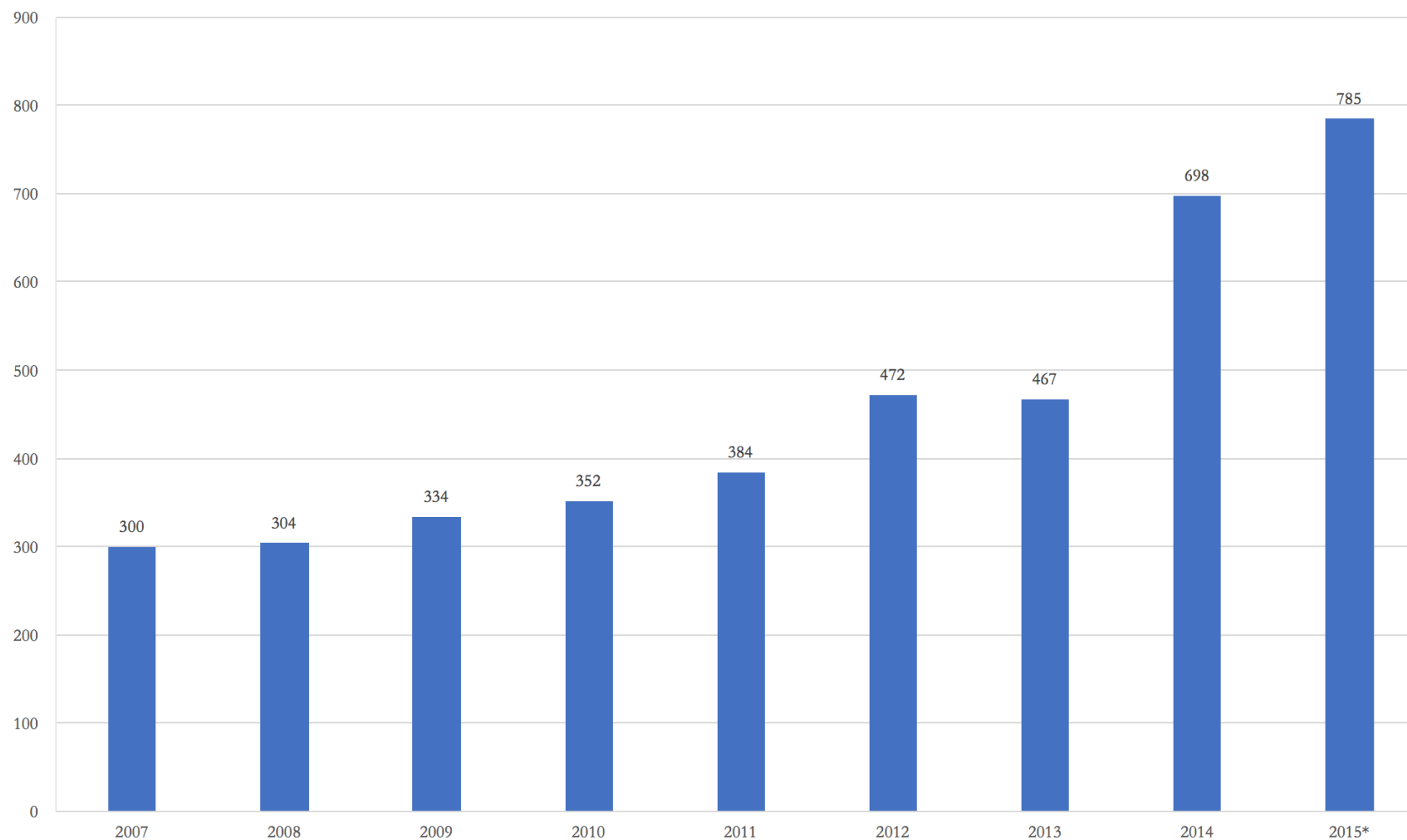
The relationship between the CGCs and the police is improving, in part due to CGCs hiring police or ex-police officers (MHLW, 2015f: 317). There has been an increase in the number of cases reported by police to the CGCs (Figure 28), in the number of arrests due to abuse (Figure 29), and the number of children taken into protective custody by the police (Figure 30) (National Child Welfare Administration Division Head Meeting, 2016: 127-8). This is linked to the 2004 revision of the Child Welfare Act, which redefined witnessing domestic violence as child abuse: just over 40 per cent of police referrals relate to this (National Child Welfare Administration Division Head Meeting, 2016: 128). Having outlined the organisation of child protection, this chapter next details the organisation of the CGCs.

Figure 28: Cases of abuse reported to the child guidance centres by police. 2007-2015



* In 2015 these cases are approximately 30 per cent of all abuse referrals to CGCs. This percentage has increased by a factor of 5.5 since 2004. Of the 2015 cases, about 60 per cent were psychological abuse and 20 per cent were physical abuse. 70 per cent of psychological abuse cases related to the child witnessing domestic violence.
 Data Source: National Child Welfare Administration Division Head Meeting. (2016). *Heisei 28-nendo zenkoku jidō fukushi shukan kachō jidōsōdansho-chō kaigi shiryō. (Heisei 28-nen 8 tsuki 4-nichi): Keisatsu to jidōsōdansho to no renkei ni tsuite.* 2016, August 4. Data: 127, Additional notes: 128.

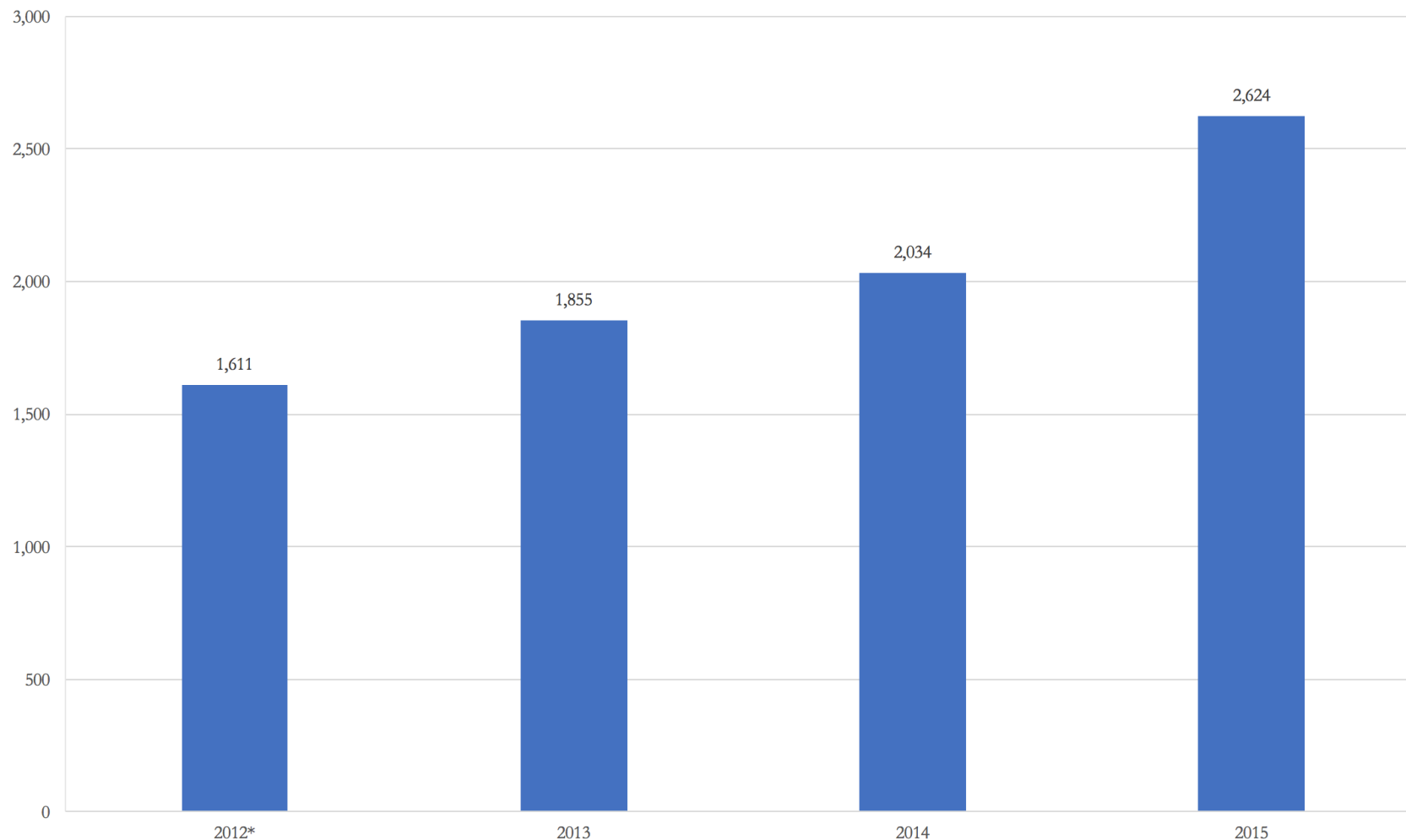
Figure 29: Arrests for child abuse. 2007-2015



* In 2015 80 per cent of arrests were due to physical abuse

Data Source: National Child Welfare Administration Division Head Meeting. (2016). *Heisei 28-nendo zenkoku jidō fukushi shukan kachō jidōsōdansho-chō kaigi shiryō. (Heisei 28-nen 8 tsuki 4-nichi): Keisatsu to jidōsōdansho to no renkei ni tsuite.* 2016, August 4. Data: 127, Additional notes: 128.

Figure 30: Children taken into protective custody by police. 2012-2015



* Statistics on this have been recorded since 2012.

Data Source: National Child Welfare Administration Division Head Meeting. (2016). *Heisei 28-nendo zenkoku jidō fukusbi shukan kachō jidōsōdansho-chō kaigi shiryō. (Heisei 28-nen 8 tsuki 4-nichi): Keisatsu to jidōsōdansho to no renkei ni tsuite.* 2016, August 4. Data: 127, Additional notes: 128.

3.2 Organisation

CGC consultations are organised into six categories: welfare, health, disability, delinquency, childrearing, and other (see Table 17). A 2015 MHLW report (Table 18) details the standard CGC organisational structure, with five divisions. The first is responsible for general affairs and administrative work. The second is responsible for receiving consultations and implementing the first stage of responses. The third is responsible for assessments required to begin the decision-making process, and the fourth for making and implementing the decision. The final arm is responsible for administering the temporary care facility. The organisation of the Teru (Figure 31) and Irifune CGCs (Figure 32) differ from this model.

Teru's CGC is organised into four divisions – the Children's Support, Children's Consultation, Children's Emergency Assistance, and Education Consultation divisions. The Children's Support division is split into five sections: planning, foster care promotion, and three child support sections divided by geographical area. A 'chief investigator', with responsibility for self-reliance plans and liaising with welfare institutions, is also in this division. The planning section is responsible for administration, from staff salaries to collecting money from guardians of children in care.³⁷ The foster care promotion section is responsible for foster care services, including support. The child support sections manage the bulk of casework within the CGC.

³⁷ As this is based on income, most guardians have no liability or are supposed to pay a token contribution; see Appendix 5. In one local authority I visited, parents have no financial liability for placements under Article 28 or when parental rights are suspended or cut, as they have not consented to the placement. The local bureaucrat explained that, '[t]o a degree it saves... [the local authority] the money it costs to follow up the parents for money as unlikely to pay' (interview, 2015). The bureaucrat continued, 'Many people want [their] child back from CWI/BIWI as they lose their child allowance when in care and they would then stop having to pay fees for CWI. Caseworkers say, it will cost you the same right, if child comes back costs money, but they either don't think about that, is just about incoming money, or they don't use the money on the kids. Some refuse to give consent as [they] say [they] can't pay fees' (interview, 2015).

Table 17: Classifications of consultations

Type of consultation	Includes consultations on
Welfare	Childrearing issues stemming from the guardian's leaving home, disappearance, death, or hospitalisation. Child abuse, consultations on adoption etc.
Health	Premature babies, disease etc.
Disability	Physically handicapped, audiovisual, language development, serious physical and mental disorders, autism etc.
Delinquency	Criminal acts, criminal acts committed by those under the age of criminal liability (14), children with problematic behaviour etc.
Childrearing	Discipline / childrearing within the home, school refusal, academic aptitude etc.
Other	

Source (translated): MHLW. (2015b). *Shakai hoshou shingikai jidou bukai dai 2-kai aratana kodomo katei fukushi no arikata ni kansuru senmon iinkai, jidousoudansho kankei shiryō*. 2015, November: 1

Table 18: Organisational structure of a 'standard' child guidance centre

Organisational structure of standard CGC

(Example given of a the central CGC of a local authority with a population of over 1.5 million)

Operation of General affairs arm	Operation of Consultation and guidance arm	Operation of decision and guidance arm	Operation of measures [placement] arm	Temporary care arm
<ol style="list-style-type: none"> 1. Human resources and salary of employed staff 2. Receiving, posting, and archiving official documents 3. Administering official seal (stamp) 4. Accounting for goods 5. Maintenance of facilities [CGC, Temporary care] 6. Planning work holistically and disseminating it 7. Looking after the personal belongings of children in temporary care 8. Other work not belonging to other divisions 	<ol style="list-style-type: none"> 1. Receiving consultations 2. Implementing the acceptance meeting and responding to the results of that meeting 3. Investigation, social diagnosis, and guidance 4. Coordination of general consultation work 5. Understanding the needs of children and families in the CGC's area, preventative work 6. Procedures relating to temporary care 7. Guidance for the family after a placement into a welfare institution or foster care 8. Planning for consultation operations 9. To advise and support related organisations as required 	<ol style="list-style-type: none"> 1. Investigation / social diagnosis, medical diagnosis, psychological diagnosis and guidance 2. Implementing the decision meeting [ruling meeting] and responding to the results of that meeting 3. Draft aid objectives based on decision 4. Support the health of children in temporary care 5. Deal with medical handbooks [disability etc.] and various certificates 6. To advise and support related organisations as required 	<ol style="list-style-type: none"> 1. Implementing the aid objectives meeting and responding to the results of that meeting 2. Giving opinions to the Child welfare council 3. Clerical work for placement, understanding the situation during placement 4. Clerical work on the use of benefits for the use of institutions for disabled children 5. Archiving child's casefile and related documents 6. Producing statistics on the child guidance centre's operations 	<ol style="list-style-type: none"> 1. Implement temporary care 2. Provide protection, life instruction, behavioural observation and diagnosis of children in temporary care 3. Implementing the observation meeting and responding to the results of that meeting 4. Protect the health of children in temporary care

Source (translated): MHLW. (2015b). *Shakai hoshō shingikai jidō bukai dai 2-kai aratana kodomo katei fukushi no arikata ni kansuru senmon iinkai, jidōsōdansho kankei shiryō*. 2015, November: 3

Figure 31: The organisation of the Teru child guidance centre

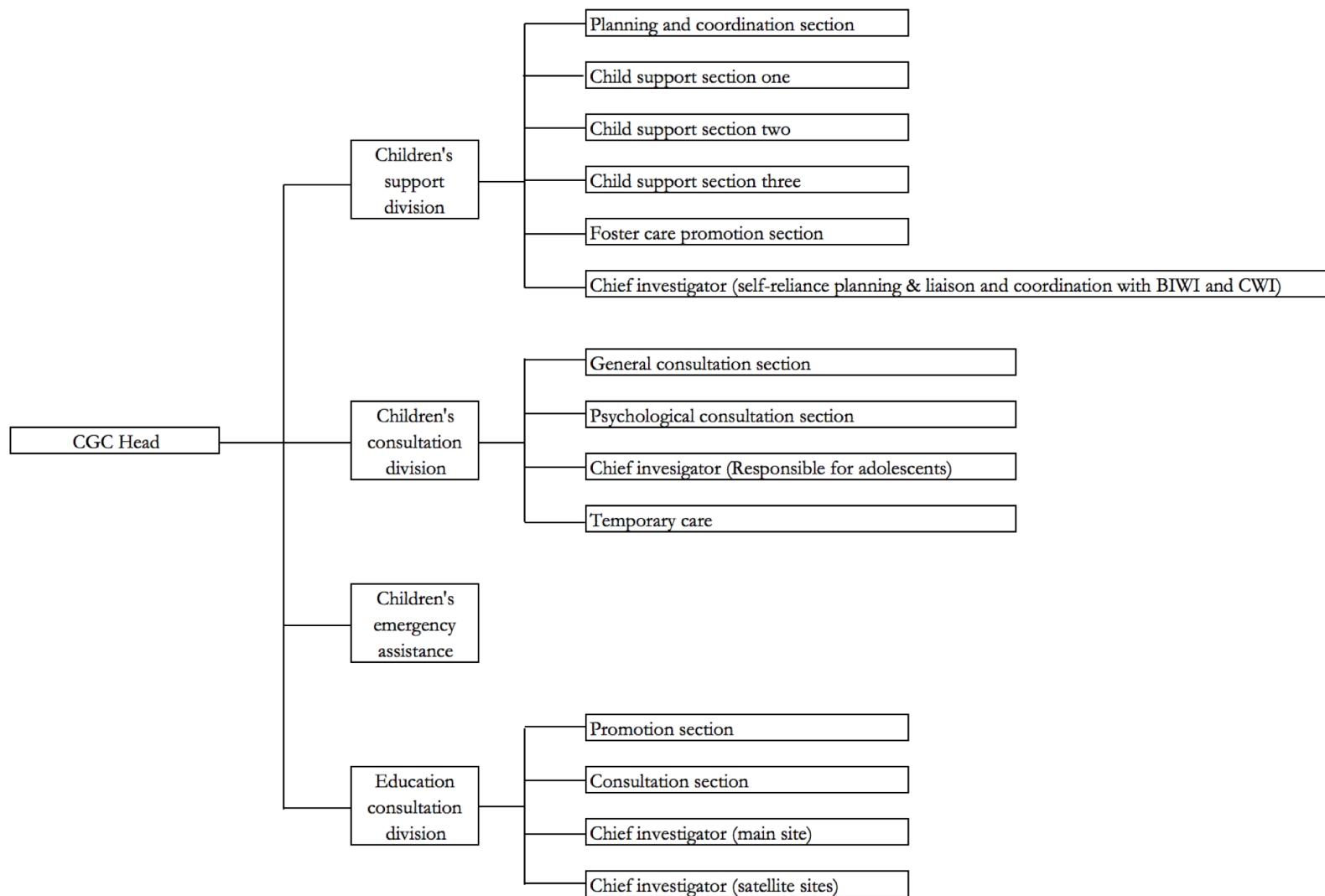
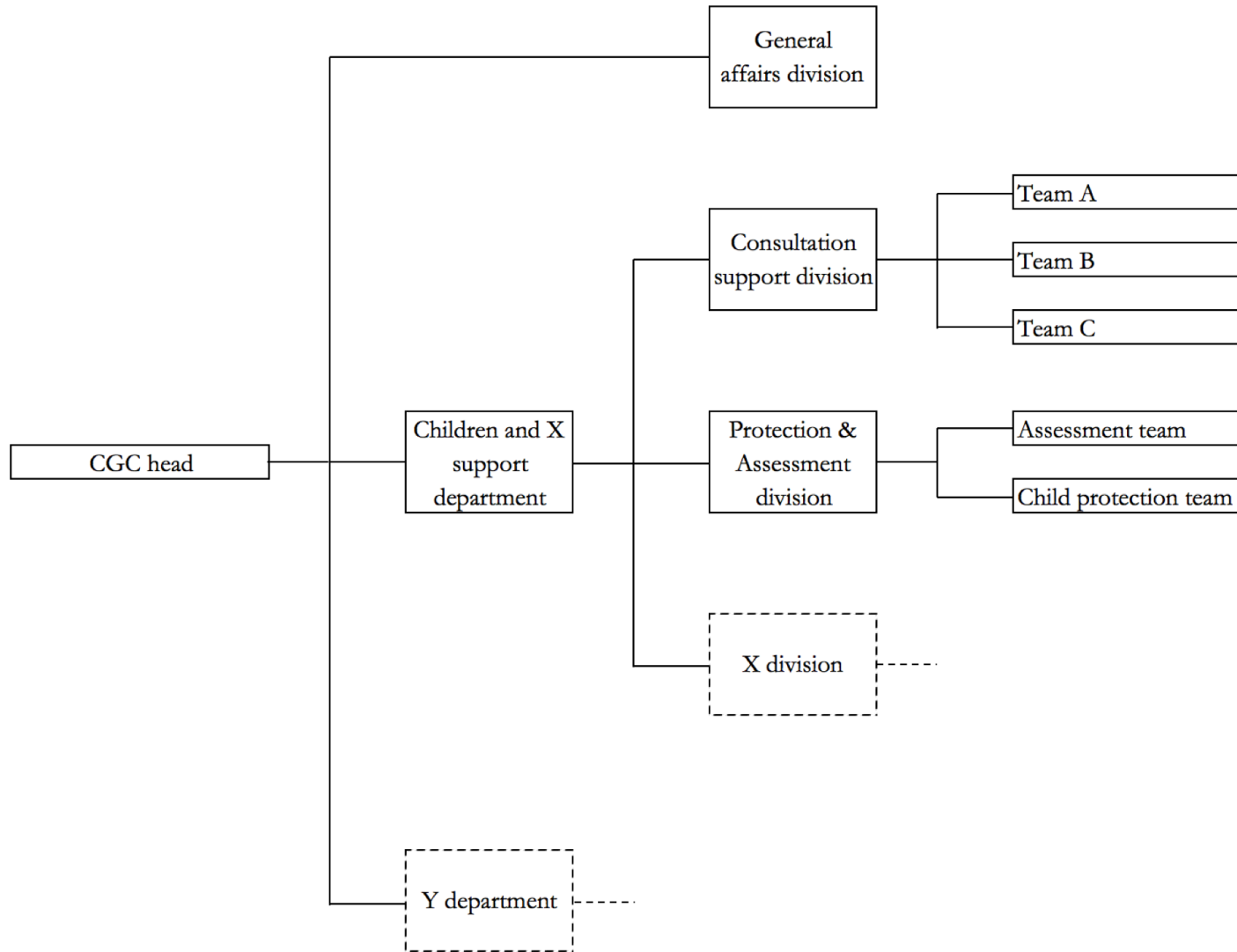


Figure 32: The organisation of the Irifune child guidance centre



The Children's Consultation division is split into three sections. The first is responsible for 'general' consultations and includes a 'telephone consultation' team. The second is responsible for 'psychological consultations'. This includes mental health assessments for all children in temporary care, which inform the decision-making process. The third section manages the temporary care facility. This can house 40 children and is split over two floors, allowing children who need intensive support or who cannot be with the main group for other reasons to be cared for separately. Temporary care care-workers, who are on contracts, and the temporary care head are not rotated through other offices. The temporary care facility also employs a teacher. Finally, the 'chief investigator' responsible for adolescent issues works in this division.

The Teru and Irifune CGCs respond differently to cases that require emergency intervention. In Teru, the Children's Emergency Assistance division manages these cases. All the caseworkers in this division are graded as section heads, reflecting the onerous nature of their work. Teru CGC is unusual in employing a full-time lawyer, who is graded as a division head and sits within the emergency assistance division. This division occasionally manages cases post-placement, though normally it transfers cases to the Children's Support division at this point. Irifune does not separate emergency interventions from 'regular' cases, with the Consultation Support division caseworkers responsible for both.

The Teru and Irifune CGCs also handle education consultations differently. In Teru these cases are managed by the Education Consultation division. This division is split into two sections, with one managing consultations and one promoting educational support. This division employs a lot of school counsellors and 'school social workers'. In Irifune education cases are managed by the Consultation Support division caseworkers or referred to the Board of Education.

Most children entering care in Teru are processed by the Children's Consultation division and the Children's Support division. If necessary, the supervising caseworker can draw

on support from staff members in any division who have relevant experience or knowledge, as well as requesting support from external actors, including police, doctors, and municipal welfare offices.

The organisation of work in Irifune CGC is less sub-divided than it is in Teru. The Irifune CGC is part of a larger organisation that also provides support to adults. Within this, the CGC is divided into the Consultation Support division and the Protection and Assessment division, with administrative support from the General Affairs division (Figure 32).

The Consultation Support division is responsible for consultations and support, responding to child abuse, and placing children into alternative care. This division is split into three teams.³⁸ Within Team A and Team B, each caseworker is assigned a geographical area and one or two welfare institutions. Team C is responsible for coordinating with municipalities, supporting children in welfare institutions, and working with foster carers, family-homes, and specialist welfare institutions for children with disabilities. The Consultation Support division in Irifune undertakes the work that in Teru is carried out by the Children's Support division, the Children's Emergency Assistance division, and the Education Consultation division.

The Protection and Assessment division is split into two sections. The assessment team is responsible for assessing the psychological and physical health of children in contact with the CGC. The Child Protection team is responsible for temporary care and providing lifestyle guidance. There is also a telephone helpline for children within this division. This division is similar to Teru's Children's Consultation division. Having outlined the organisation of the Teru and Irifune CGCs, this section next discusses the people who staff them.

³⁸ There is no difference between a section, *kakari*, in Teru and a team, *ban*, in Irifune.

3.3 Staff

Within the CGCs there are senior managers,³⁹ supervisors,⁴⁰ caseworkers, and staff focusing on initial consultations. There are also ‘specialist’ staff, including child psychologists, psychiatrists, and paediatricians. Excluding temporary care staff, the two largest groups of staff are the caseworkers and the child psychologists (Table 19). All CGC staff members I met worked extremely hard and for long hours, sometimes to the detriment of their own family (see Miyajima, 2001). This occasionally led to empathy for ‘hard-working’ single parents who were struggling to meet their children’s needs.

CGC staff are predominantly local bureaucrats who rotate between government offices every one to five years. Staff rotation creates major challenges in developing professional expertise within CGCs (Imanishi et al., 2015; Miwa, 2014; 2016; MHLW SC, 2016: 102; Saimura et al., 2010; 2014; Takahashi et al., 2010) and weakens the potential voice of social workers for change (Tsuzaki, 2003). Despite calls to professionalise social work in the early 2000s (Goodman, 2002b), ongoing calls for increased staff training in CGCs (Fukaya et al., 2013; Kashiwame et al., 1996; Saimura et al., 2002b; Shibuya, 2005; Takahashi et al., 2010), and a 2007 MHLW report stating the need for ‘well-qualified social workers’ (Harada, 2013: 20), little has changed since CGCs were created (Tsuzaki, 2006).

The Child Welfare Act establishes who is eligible to be a CGC caseworker (Figure 33).⁴¹ There are five defining characteristics of caseworkers: their workload, the diversity of this work, their lack of ‘professional’ knowledge, their short rotations, and the relative power of their clients.

³⁹ I use this term to refer to the CGC head and division heads.

⁴⁰ I use this term to refer to section/team heads.

⁴¹ These categories are broad and do not constitute a ‘professional’ qualification.

Table 19: Types of child guidance centre jobs

Main types of jobs in the CGCs

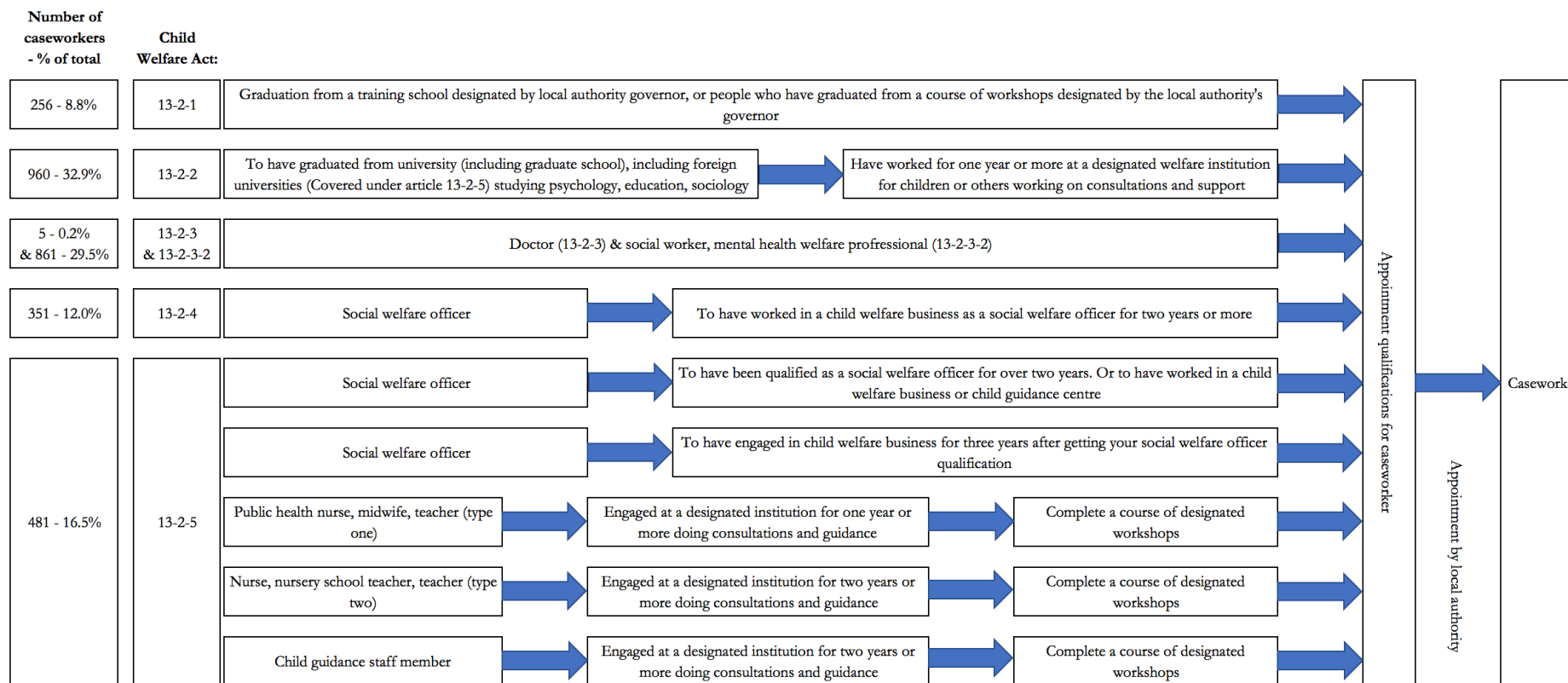
Job title	Number	Foundation regulations	Notes
CGC head	208	Child welfare act 12-2-1, 12-2-2	
Deputy director	189	CGC Operational guidelines	
Supervisor	700	CGC Operational guidelines	Can include caseworker, clinical psychologist etc.
Caseworker (Child welfare officer)	2,388	Child welfare act 13-1, 13-2	Does not include caseworkers who are designated as CGC heads, deputy directors, or supervisors.
Staff to accept consultations	398	CGC Operational guidelines	
Telephone consultation staff	371	CGC Operational guidelines	
Child psychologist	1,189	CGC Operational guidelines	Does not include child psychologists who are designated as CGC heads, deputy directors, or supervisors.
Staff responsible for psychotherapy	125	CGC Operational guidelines	
Public health nurse	86	CGC Operational guidelines	
Psychiatrist	311	CGC Operational guidelines	
Paediatrician	136	CGC Operational guidelines	
Physical therapist	9	CGC Operational guidelines	
Clinical technologist	3	CGC Operational guidelines	
Other	4,625	CGC Operational guidelines	[Additional Note: Many of these staff are employed within the temporary care institutions within the CGCs]
Total	10,738		

* Figures for 2015, April 1

Source (translated): MHLW. (2015b). *Shakai hoshou shingikai jidou bukai dai 2-kai aratana kodomo katei fukusbi no arikata ni kansuru senmon iinkai, jidousoudansho kankei shiryō*. 2015, November: 2

Figure 33: Who is eligible to be a caseworker?

The qualification acquisition processes for being appointed as a child welfare worker (caseworker)



Source (translated): MHLW. (2015b). *Shakai hoshou shingikai jidou bukai dai 2-kai aratana kodomo katei fukuishi no arikata ni kansuru senmon iinkai, jidousoudansho kankei shiryu*. 2015, November: 8, 11

Note: 13-2-5 covers 'A person who is recognised as having the equivalent or superior ability to those listed in 13-2-1, 13-2-2, 13-2-3, 13-2-4 and who is working in a profession specified by the MHLW' (MHLW. 2015b: 11)

Some CGCs seek to redress the challenges these characteristics cause. The Teru CGC tries to recruit local bureaucrats with a welfare background and is trying to improve working conditions to lengthen postings. The CGCs can also hire additional staff on rolling contracts. These are usually annual and can be renewed indefinitely. These staff sometimes support administrative work, though are used by some CGCs to develop specialist knowledge; much of the pioneering work in Aichi prefecture, which is famous for placing newborn babies directly into adoption placements rather than first into a BIWI, has been done by a long-term contract worker. Similarly, Teru has long-term contract staff working on foster care. While they are paid less than local bureaucrats, these staff members' expertise and experience is highly valued.

The most numerous of the 'specialist' staff are the child psychologists, who are also local bureaucrats. A time-study of these staff by Saimura et al. (2013) found an increasing role in responding to abuse (see also Imanishi et al., 2015). Some local authorities only rotate child psychologists through offices that require their specialist knowledge, including public specialist welfare institutions and hospitals. Other local authorities do not make this distinction and child psychologists can be rotated to any office. In Teru the local authority hall accepted the CGC's request that child psychologists do not rotate so frequently, and placements of over ten years are not uncommon. This allows this division to acquire and retain specialist knowledge. The Teru CGC also employs a full-time lawyer, strengthening their position in relation to parents and the court. Most CGCs currently consult with lawyers on a weekly, monthly or ad-hoc basis.

The lack of 'professional norms' increases the importance of the CGCs' training in shaping how policy is understood and implemented by staff. Formal training is conducted at the start of the fiscal year for new staff. I attended this training in the Teru CGC. This training, which lasted just over two weeks, provides an insight into the diverse work of CGCs. There were lectures on the organisational structure of alternative care, legal norms, removing a child, temporary care facilities, domestic violence, abuse, neglect, disabilities, juvenile delinquency, telephone support services, mental health support, children's rights, institutional care facilities,

foster care, sex, drugs, school refusal, shut-ins, working with police, working with schools, working with hospitals, developmental disorders, mother and child cases, BIWIs, CWIs, and the role of and relationship with municipal welfare offices. New staff also visited local BIWIs, CWIs, and specialist institutions.

Teru's training is longer than average. Saimura et al.'s (2000) survey, based on the responses of 42 CGCs, found that four CGCs had no training and that over half the CGCs had training that lasted half a day or one day (see Figure 34). This work also highlights the lack of training tailored to different roles or experience, and the absence of evaluation of training.

There is also informal training 'on the job'. In Teru this saw new staff auditing case meetings and being supported within their section. Informal training is integral to the transmission of office practices, norms, and culture over generations of staff. Both Teru and Irifune CGCs also had regular practical training sessions led by staff or external experts aimed at improving practice.⁴²

There were many differences in the staffing of the Teru and Irifune CGCs. The most significant relates to senior management. Irifune mirrors national norms, with senior staff rotating every one to three years, and had one senior manager with 15 years of accumulated CGC experience. In the Teru CGC, the CGC head has been in position for over a decade, the Children's Support division head has served in this CGC for over 30 years, and the Children's Emergency Assistance division head for nearly 20 years. This gives these senior managers a wealth of experience to draw on in the decision-making process, as well as time to have conceptualised and operationalised a vision of policy and practice. This experience also strengthens the CGC in relation to the welfare institutions which, in most local authorities, are understood as having more knowledge than the CGCs (Goodman, 2000). The impact of this regional variation in experience on the decision-making process is explored in Chapter 8.

⁴² These were more frequent and better attended in Teru than in Irifune.

Figure 34: Regional variation in child guidance centre training

Do you have any training?		Who is responsible for training?		Length of training	
Yes	38	The CGC	78.8%	Half a day	17.5%
No	4	Prefectural office	8.8%	1 day	34.4%
		Private organisation	5.0%	1.5 - 3 days	28.9%
		Child welfare division	3.1%	3.5 - 5 days	7.5%
				6-10 days	9.4%
				12 days	0.6%
				16.5 days	0.6%
				48 days	0.6%
				120 days	0.6%
Training focus		Training style			
Basic knowledge	40.6%	Lectures	78.1%		
More advanced knowledge	20.0%	Group participatory work	53.1%		
Fundamental skills	8.8%	Workplace training	4.4%		
More advanced skills	11.9%	Other	8.8%		
Other	6.9%				
No response	1.9%				

Data Source: Saimura et al. (2000).

Note: Survey sent to 59 CGCs, 42 of which responded.

Having looked at CGC staff, this chapter closes with an overview of the decision-making process by which a child enters care.

3.4 The decision-making process

3.4.1 Overview

The decision-making process is best understood as layers of triaging, with more serious cases afforded more time at each progressive meeting. There are two main decisions made in this process: the decision to remove the child from the family, and the decision on the placement type. This section presents an overview, with differences between Teru and Irifune discussed in later chapters.

The decision-making process begins with a *consultation*. The cases that the CGC takes on are presented at the weekly *acceptance meeting*, where the decision to place a child into temporary care is made. Once assessments have been carried out the *ruling meeting* is held to create a firmer care plan. In Teru ongoing cases, including those of children in temporary care, are reviewed in this meeting. In Irifune these cases are reviewed in acceptance meetings. The final decision is made in the *aid objectives meeting*. The decisions are then presented to a monthly meeting of a subcommittee of the local authority's social welfare and public health committee. The Teru and Irifune CGC's public representations of this process are shown in Figures 35 and 36 respectively.

Prior to this thesis the workings of this decision-making process have remained closed, with Harada's (2010) overview of the legal framework of this process, shown in Figure 37, the most detailed available. While dated, it is worth noting Ushijima and Yukawa's (1975) study, which found regional variation in the use of meetings and in how many people were involved in decisions.

Figure 35: Teru child guidance centre consultation flow

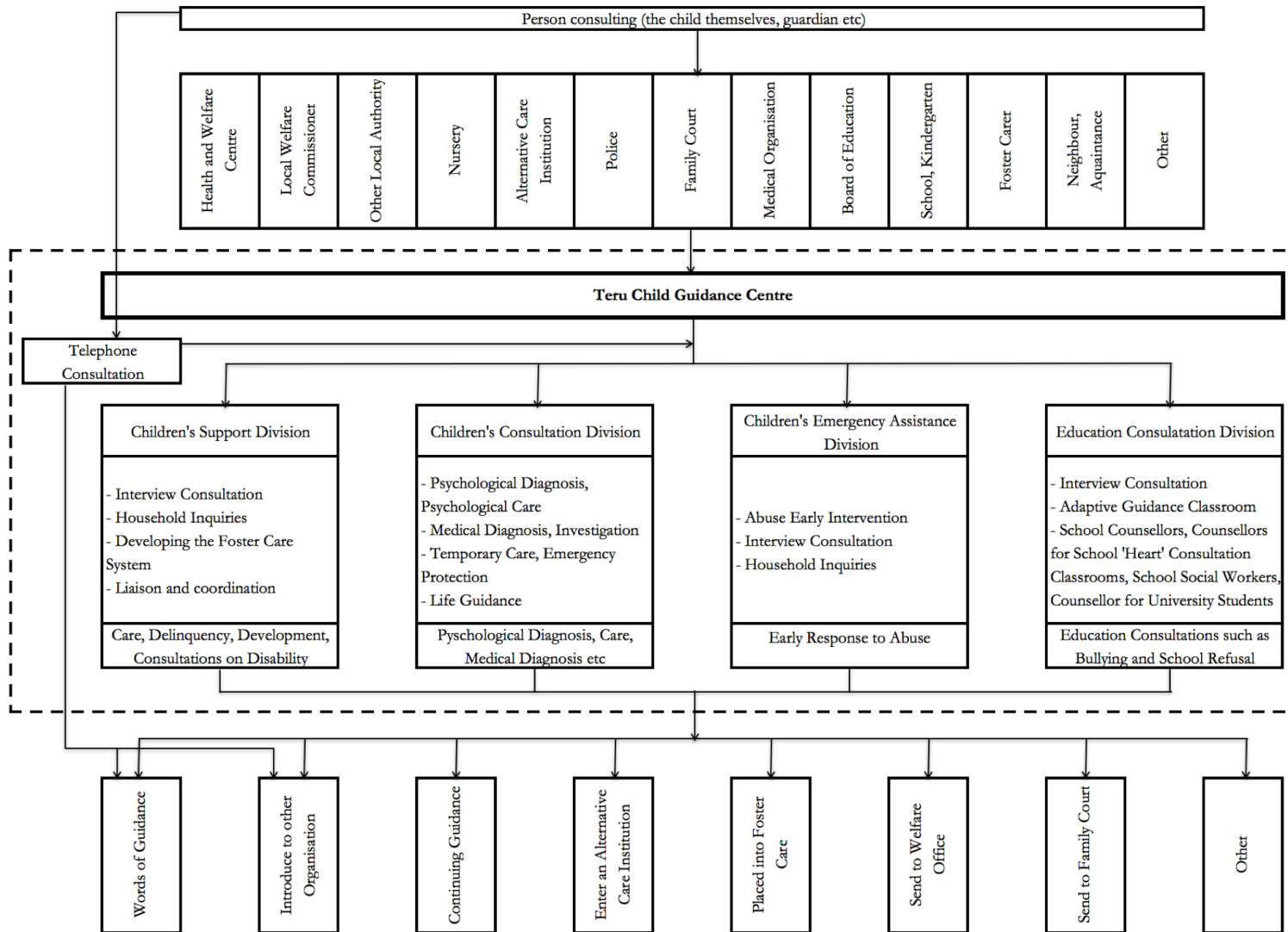


Figure 36: Irifune child guidance centre consultation flow

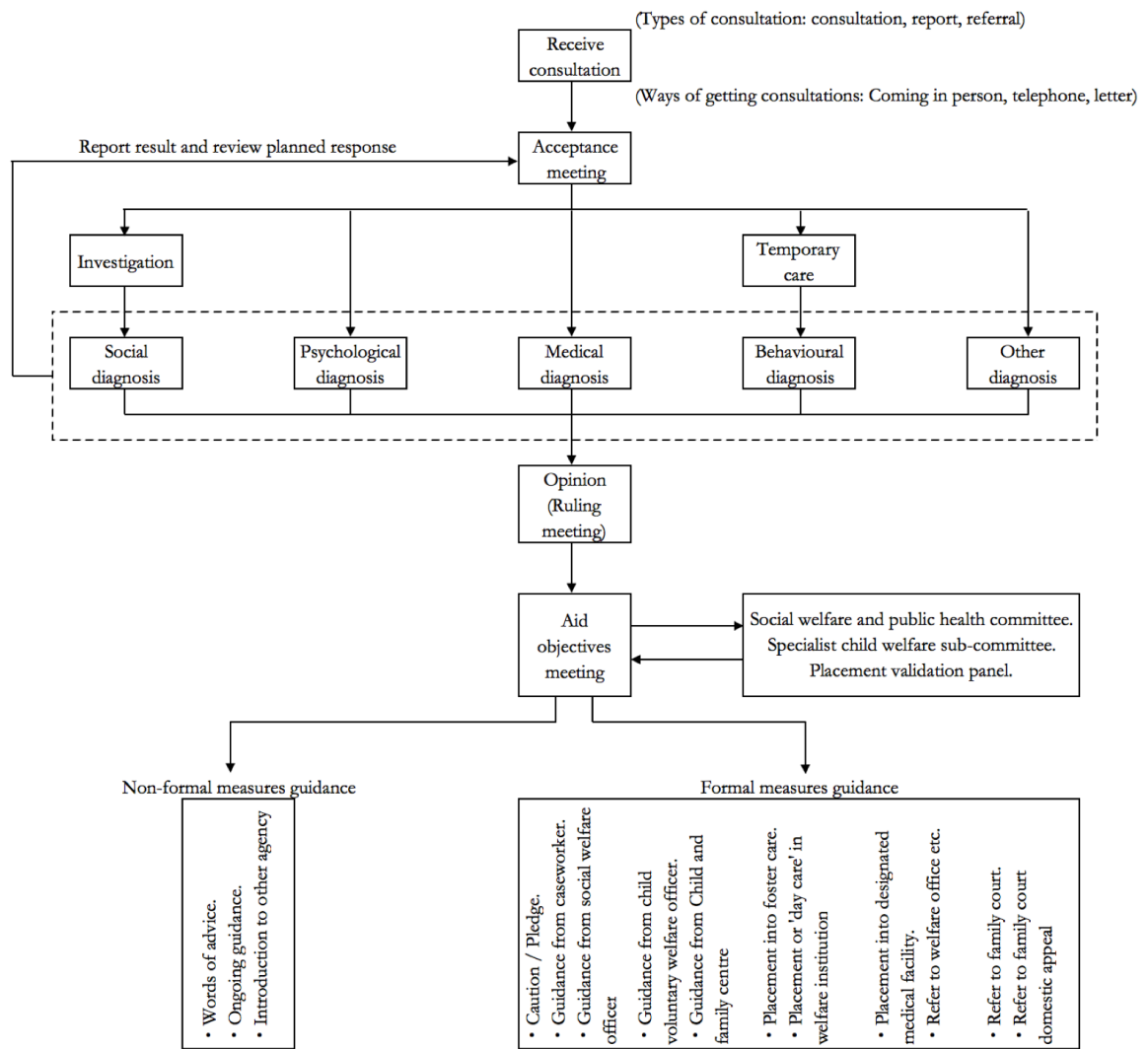
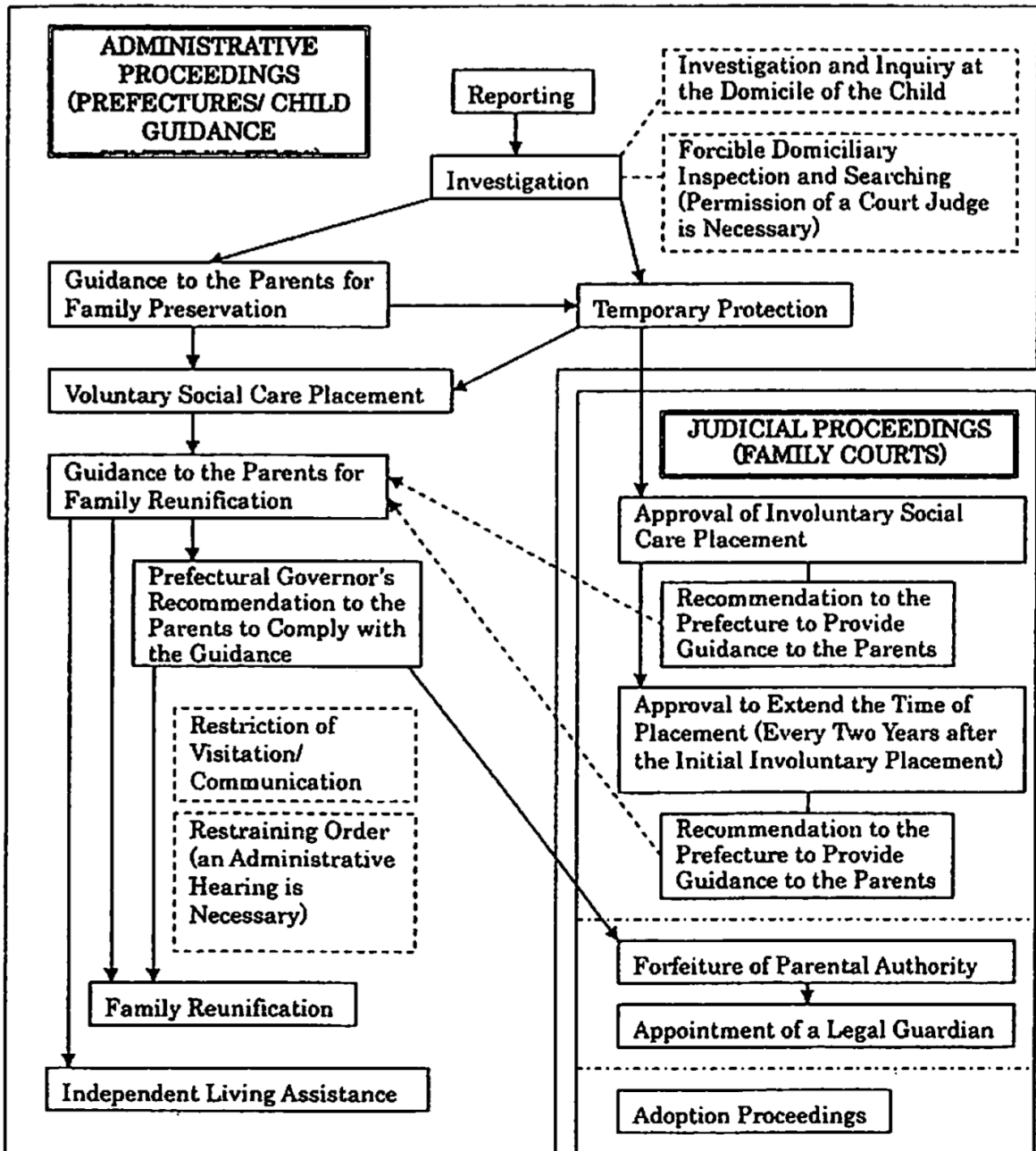


Figure 37: The role of the judiciary in the decision-making process



Source: Harada, 2010: 221

3.4.2 Consultations

Consultations, *soudan*, are normally received by telephone and are recorded on a ‘consultation summary form’. The telephone consultation team can offer words of guidance, introduce the person to another organisation, or pass the case on to the relevant CGC division. This team occasionally cannot pass on cases, for example when the caller does not provide identifying information. Despite an exponential increase, abuse consultations accounted for just over 5 per cent of telephone consultations in Teru in 2012. Here an ‘abuse consultation form’ is also completed.

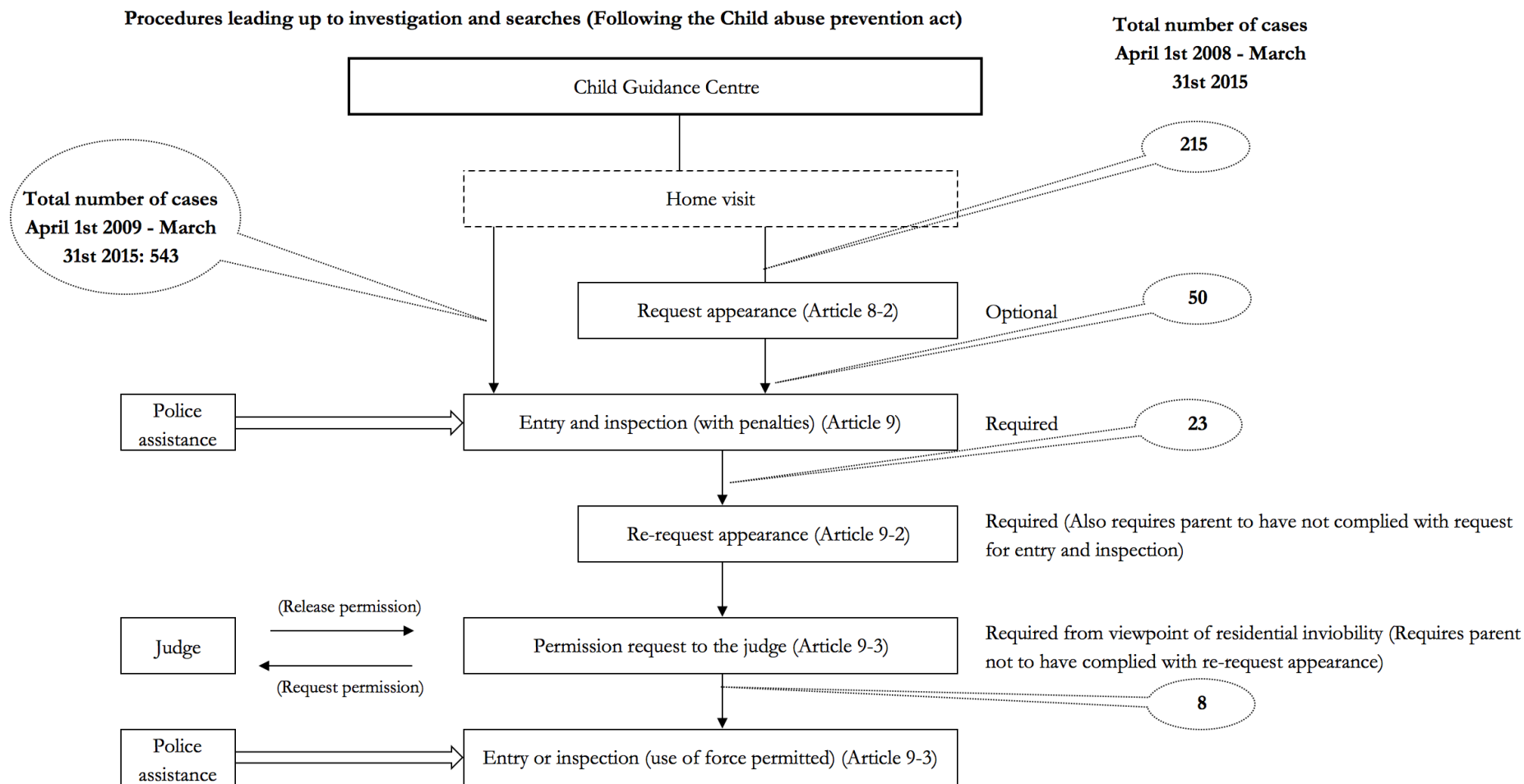
3.4.3 Acceptance meeting

Cases the CGC takes on are presented at the weekly acceptance meeting, *juri-kaigi*, with immediate meetings held for emergency cases. Emergency cases sometimes require caseworkers to enter a home, with consent, to remove a child.⁴³ Permission to forcibly enter a home has only been granted eight times in the past seven years nationwide; see Figure 38. Cases that are dealt with solely by the telephone consultation team are not presented.

Prior to this meeting, the staff member discusses their anticipated response in their section or division. At this meeting the staff member outlines the case and their planned course of action, called the ‘support policy’. The senior management can provide input. In Irifune all cases are managed by the Children’s Consultation division. In Teru, all division heads attend this meeting to facilitate a coordinated response.

⁴³ There is usually no police support. For particularly severe cases four bureaucrats enter a home: one to protect the child, two to restrain the guardian, and one to prevent access to knives. The CGC is more likely to request police support if a guardian is a gang member or is violent. One example of this was a father who had brandished a machine gun at police.

Figure 38: The role of the judiciary in facilitating parental engagement with the child guidance centres to prevent child abuse



Source (translated): MHLW. (2015b). *Shakai hoshou shingikai jidou bukai dai 2-kai aratana kodomo katei fukushi no arikata ni kansuru senmon iinkai, jidououdansho kankei shirou*. 2015, November: 33

There are seven initial ‘support policies’ available to the Teru caseworkers. The process is similar in Irifune, though the categories are not as rigidly defined. The first response is to offer words of guidance to the family. Where there will be no follow-up the caseworker can ask the child’s nursery, school or hospital to report any further concerns. Caseworkers are anxious that the child can issue an ‘SOS’, and are more cautious about children who do not leave the house regularly.

The second response is for the caseworker to continue working on the case on their own. This can involve interviews with the guardian or child and discussions with other actors. The third response is the same, but with cooperation from another division. The fourth option is to await a forthcoming assessment.

The fifth option is to place the child into temporary care. This is normally done to ensure the child’s safety or allow further assessments. These cover the family or care situation, the child’s mental and physical health, their behaviour, and other relevant issues.⁴⁴ Temporary care is also used as ‘respite care’ or to ‘reset’ a child’s relationship with their carers.

The decision to place a child into temporary care occurs without a court ruling, even where the parent is opposed to this decision. Harada (2010) argues that this poses a challenge to the due process of law and contravenes the UN CRC. The 2007 revision of the Child Abuse Prevention Act allows CGC heads to ‘restrict the guardian’s visitation or communication with the child who is under temporary protection’ (Harada, 2010: 225) for up to six months without court review.

MHLW guidelines state that temporary care placements should last under two months. Two types of children stay longer than this: those for whom the CGC carries out the acclimatisation period with foster parents from temporary care, rather than from a welfare institution, and those who are the most challenging to place.

⁴⁴ These assessments can also be carried out for children not in temporary care who require further meetings, for example children returning home from care who were placed due to abuse.

The sixth ‘support policy’ option is to introduce the child or guardian to another welfare or support agency, such as municipal welfare offices and NPOs. The final option is ‘other’. This covers cases referred to the police or family court. Most cases presented at the acceptance meeting do not enter temporary care. The ruling meeting and aid objectives meeting for these cases are usually brief.

The categorisation of the case into welfare, health, disability, delinquency, childrearing, and other (see Table 17) is made during the acceptance meeting. Cases often fit multiple categories, leading to variation in classification. Cases are often assigned a secondary sub-category, with abuse recorded as an additional label.⁴⁵ These labels impact upon which divisions are involved with a case, a decision also made at this meeting.

3.4.4 Ruling meeting

Teru and Irifune use the ruling meeting, *hantei-kaigi*, differently. In Teru this meeting is used to review ongoing cases and, once assessments are complete, to propose an initial plan. In Irifune ongoing cases are reviewed in further acceptance meetings (see Figure 36), with the ruling meeting occurring when assessments are complete. There is no specific paperwork for the ruling meeting. The caseworker may use the ‘consultation overview form’ or the simpler ‘progress notes form’. The supervising caseworker, CGC division heads and CGC head must attend this meeting, with other staff attending as required.

A second decision, called the ‘processing decision’, is made at the ruling meeting. This decision is provisional, with the final decision made in the aid objectives meeting. In Irifune there are 14 options (Figure 36); in Teru there are 13 options, presented below.

The first is to issue the guardian a caution, under Article 27.1.1 of the Child Welfare Act (see Aichi Prefecture, 2011). The parent signs a ‘contract’ pledging to stop problematic

⁴⁵ Abuse is split into four categories – physical abuse, psychological abuse, neglect, and sexual abuse – listed here in order of prevalence.

behaviour. This contract is unenforceable, and should be understood in a Foucauldian sense as a ‘political technology’, by which those with power try to solidify their authority by shifting discourse ‘onto a sacred plain, where users are obliged to draw upon limited, and highly ritualized, sets of metaphors, references and images’ (Shore and Wright, 1997: 12).

The second and fourth options are covered under Article 27.1.2 of the Child Welfare Act. The second option, used for children who have been ‘badly behaved’ (caseworker, interview, 2014), is for guidance from a caseworker. The fourth option is for guidance from a child welfare officer, a volunteer outside the CGC (see Goodman, 2000). Harada (2010) notes that parents are obliged, under Article 11-2 of the Child Abuse Prevention Act, to comply with this guidance. If they do not, the governor may recommend that they do, under Article 11-3 of the Child Abuse Prevention Act, but has no authority to check-up on this. If parents still do not comply the CGC can file for the forfeiture of parental rights under Article 11-5 of the Child Abuse Prevention Act (see Figure 37), though this rarely happens (Harada, 2010).

The third option, for less serious cases such as those needing public benefits, is for the caseworker to transfer the case to or request support from a municipal welfare office. The fifth option is to start the process for placement with a foster parent or an entrusted guardian. The sixth option is to start the process to place the child into a welfare institution. The seventh option is to start the process for a child to be an ‘in-patient’ at a specialist institution outside alternative care, including institutions for children with severe learning difficulties, serious mental health issues or physical disabilities. These three options are covered under Article 27.1.3 of the Child Welfare Act.

The eighth option, for children who have committed serious offences, is to transfer the case to a family court under Article 27.1.4 of the Child Welfare Act. The court can rule that the child must enter a CWI,⁴⁶ children’s self-reliance support institution or juvenile detention centre,

⁴⁶ Children who have committed serious offences being ‘sentenced’ to CWI may contribute to an image of children in alternative care as responsible for their present situation. Some interviewees noted the

be observed at home, or that the CGC should determine the outcome. The age of responsibility, 14 years, normally determines whether a placement is made into a children's self-reliance support institution or a juvenile detention centre.⁴⁷

The ninth option is to transfer the case to another agency or advise the person to use another agency. The tenth option is for continuing guidance from a caseworker, the eleventh is for one-off 'words of advice or guidance', and the twelfth is for the education division to start the process of admitting the child to facilities for school-refusers. These four options are non-compulsory, and are termed 'non-formal' measures. The final option is simply called 'other' and includes cases referred to the police. This is distinct from option nine, as this referral is compulsory.

Cases where a placement in care will be cancelled, suspended or extended until the child is 20 years old are processed differently. Instead of a 'support policy' these cases have a simpler 'treatment policy'. There are four options here: give one-off guidance, ongoing guidance, cancellation or suspension of the placement, or 'other'.

Irifune differs slightly in that it does not have 'other' or 'education referral' categories. The Irifune CGC has an additional category for referral to family court for appeals, and has two additional categories of guidance, from a social welfare officer, a junior CGC staff member, and from a Child and Family Centre, a municipal office that promotes family welfare.

3.4.5 Aid objectives meeting

The final decision is made in the aid objectives meeting, *enjo-houshin-kaigi*.⁴⁸ These are called by the supervising caseworker, and are also convened for children in care after serious incidents, such as when a child is caught shoplifting or starting fires, or when a child in care is abused or

stigma this can cause and questioned putting children 'convicted' of serious offences into institutions with children who have suffered similar offences.

⁴⁷ Juvenile detention centre placements are made under the Juvenile Act.

⁴⁸ This could also be translated as 'care direction planning meeting'.

abuses others. There are two types of aid objectives meetings. The first, for more straightforward cases, are brief and process the earlier ruling meeting decision. Meetings for more complex cases can last over an hour and can involve any CGC staff with relevant experience or knowledge. Participants receive paperwork in advance.

This meeting follows a set format. The caseworker opens by stating the meeting's objectives and providing a case summary. Where present, the clinical psychologist then reports on the child, referencing paperwork that notes the IQ of the child, any recognised or suspected diagnoses, and any behavioural and emotional issues.

Any additional reports are then presented. Where the child is in temporary care, the section head presents on the child's education level and their behaviour. Where a baby or infant has been placed into temporary care, in a BIWI, the caseworker presents the institution's summary of the child's behaviour and emotional state. Where relevant the caseworker will summarise the CWI's views, or the foster care caseworker will report the foster parents' position. Other staff members, including school social workers and the lawyer, can also give reports. The caseworker then presents their opinion on the outcome. Finally, the floor is opened for discussion, led by the senior management.

Any decision to take a case to court is made in this meeting. The first option is to appeal, under Article 28-1 of the Child Welfare Act, to suspend for two years the parental right to determine where the child resides.⁴⁹ Here parental consent is still required on other matters, including education and health.

For this to be granted the case must meet one of three criteria: serious and significant abuse, serious and significant neglect, or that the removal is desirable for child's welfare. The court is most likely to rule that removal is 'desirable' as this is less onerous than proving or stating that abuse or neglect has occurred. This echoes Hendry's finding that in Japan 'a judge

⁴⁹ Parental rights are divided into two categories: the right to manage assets, and the right to personally supervise. The right to determine the child's residence falls under supervision.

seeks solutions to cases that satisfy both sides, and there is a reluctance to apply principles in which declarations are made about absolute right and wrong' (2003: 235; see also Ramseyer, 1998).

A CGC can use Article 28 to secure a foster care placement where the parent will only consent to an institution, though this is rare, with the first case recorded in 2013. One CGC head stated that he believes most courts would respond 'but the parent is happy with an institution, so what's the problem with that?' (interview, 2014).

Since 2005 the CGC can apply for this partial suspension to be extended by two years, under Article 28-2 of the Child Welfare Act. Table 20 shows the use of Article 28-1 and 28-2 from 2003 to 2015. While only used in a fraction of cases, in 2015 209 of 254 applications under Article 28-1 were approved.

Since 2012 the CGC can appeal under Civil Law Article 834-2 for the suspension of all parental rights for two years. This option is designed for when a guardian is obstructing the best interests of the child, including refusing consent for essential medical treatment (see Ministry of Justice, 2012; 2013). Of the 181 cases that were settled in 2015, 58 were successful, 26 were declined, and 94 were withdrawn; see Table 21. Since 2012 the CGC can also apply under Civil Law Article 835 to cut the parental right to manage a child's financial assets. Of the 39 cases settled since 2012, 10 have been successful; see Table 21.

Any actor can apply for the cutting of parental rights under Civil Law Article 834.⁵⁰ In 2015 most applications were withdrawn, with 21 of the 68 settled cases successful; see Table 21. CGC appeals are more likely to be successful than family appeals; see Table 22. Even when cut, parental rights can be restored under Article 836 of the Civil Code.

⁵⁰ CGC heads can also apply for this under Article 33-8 of the Child Welfare Act.

Table 20: The use of Article 28 of the Child Welfare Act, 2003-2015

Year	Article 28	New Cases	Settled Cases		Successful		Declined		Withdrawn		Other	
2003	(1)	152	139	100%	106	76%	4	3%	24	17%	5	4%
2004	(1)	234	221	100%	163	74%	9	4%	44	20%	5	2%
2005	(1)	184	195	100%	141	72%	6	3%	40	21%	8	4%
	(2)	43	0	100%	0		0		0		0	
2006	(1)	213	205	100%	170	83%	2	1%	32	16%	1	0%
	(2)	142	168	100%	155	92%	0	0%	13	8%	0	0%
2007	(1)	247	241	100%	195	81%	4	2%	42	17%	0	0%
	(2)	58	59	100%	56	95%	0	0%	3	5%	0	0%
2008	(1)	199	197	100%	169	86%	3	2%	25	13%	0	0%
	(2)	125	114	100%	105	92%	0	0%	9	8%	0	0%
2009	(1)	202	207	100%	174	84%	4	2%	29	14%	0	0%
	(2)	92	97	100%	87	90%	2	2%	8	8%	0	0%
2010	(1)	237	234	100%	192	82%	8	3%	32	14%	2	1%
	(2)	129	125	100%	112	90%	1	1%	10	8%	2	2%
2011	(1)	235	228	100%	183	80%	5	2%	38	17%	2	1%
	(2)	98	101	100%	96	95%	2	2%	3	3%	0	0%
2012	(1)	300	295	100%	244	83%	9	3%	38	13%	4	1%
	(2)	123	114	100%	111	97%	0	0%	3	3%	0	0%
2013	(1)	276	272	100%	188	69%	19	7%	62	23%	3	1%
	(2)	130	130	100%	123	95%	2	2%	4	3%	1	1%
2014	(1)	279	267	100%	211	79%	6	2%	48	18%	2	1%
	(2)	143	140	100%	135	96%	0	0%	5	4%	0	0%
2015	(1)	254	262	100%	209	80%	8	3%	44	17%	1	0%
	(2)	150	145	100%	136	94%	0	0%	9	6%	0	0%

Data Sources:

2003-2012: Supreme Court. (2013a). *Jidō fukushi bou 28 jou jiken no dōkō to jiken shori no jitsujō. Heisei 24-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyoku*: 1, 10

2013-2015: Supreme Court. (2015a). *Shinken seigen jiken oyobi jidō fukushi-bō 28-jō jiken no gaijō Heisei 27-nen 1 gatsu ~ 12 gatsu (Saikōsaibansho jimu sōkyoku katei-kyoku)*, Heisei 27-nen: 1

Notes:

Article 28-1 is used for new cases. Article 28-2 is used to extend existing cases by up to a further two years / Percentages added by author / 2005 Article 28-2 - figures from April 2005 to December 2005

Table 21: The suspension of parental rights, the cutting of the parental right to manage assets, and the cutting of parental rights. 2003-2015

Year	New Cases	Settled Cases		Successful		Declined		Withdrawn		Other	
2003	103	102	100%	7	7%	29	28%	65	64%	1	1%
2004	114	115	100%	30	26%	24	21%	61	53%	0	0%
2005	139	127	100%	22	17%	18	14%	94	74%	3	2%
2006	125	139	100%	15	11%	20	14%	102	73%	2	1%
2007	103	103	100%	15	15%	11	11%	76	74%	1	1%
2008	139	130	100%	20	15%	18	14%	89	68%	3	2%
2009	110	111	100%	21	19%	11	10%	74	67%	5	5%
2010	147	136	100%	16	12%	32	24%	84	62%	4	3%
2011	119	127	100%	14	11%	25	20%	88	69%	0	0%
2012	239	184	100%	32	17%	17	9%	129	70%	6	3%
Cut all Parental Rights	(111)	(103)	100%	(17)	17%	(8)	8%	(76)	74%	(2)	2%
Suspend all Parental Rights	(120)	(69)	100%	(14)	20%	(7)	10%	(44)	64%	(4)	6%
Cut the Parental Right to Manage Assets	(6)	(7)	100%	(0)	0%	(2)	29%	(5)	71%	(0)	0%
2013	315	300	100%	92	31%	42	14%	164	55%	2	1%
Cut all Parental Rights	(111)	(104)	100%	(25)	24%	(6)	6%	(72)	69%	(1)	1%
Suspend all Parental Rights	(185)	(182)	100%	(63)	35%	(29)	16%	(89)	49%	(1)	1%
Cut the Parental Right to Manage Assets	(14)	(12)	100%	(3)	25%	(6)	50%	(3)	25%	(0)	0%
2014	276	304	100%	85	28%	48	16%	160	53%	11	4%
Cut all Parental Rights	(110)	(130)	100%	(34)	26%	(16)	12%	(73)	56%	(7)	5%
Suspend all Parental Rights	(151)	(157)	100%	(43)	27%	(28)	18%	(82)	52%	(4)	3%
Cut the Parental Right to Manage Assets	(10)	(12)	100%	(5)	42%	(2)	17%	(5)	42%	(0)	0%
2015	267	260	100%	82	32%	35	13%	140	54%	3	1%
Cut all Parental Rights	(63)	(68)	100%	(21)	31%	(7)	10%	(40)	59%	(0)	0%
Suspend all Parental Rights	(192)	(181)	100%	(58)	32%	(26)	14%	(94)	52%	(3)	2%
Cut the Parental Right to Manage Assets	(6)	(8)	100%	(2)	25%	(2)	25%	(4)	50%	(0)	0%

Data Sources:

2003-2014: Supreme Court. (2015b). *Shinken seigen jiken no dōkō to jiken shori no jitsujō. Heisei 26-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyōku, Heisei 27-nen: 1*2015: Supreme Court. (2015a). *Shinken seigen jiken oyobi jūdō fukushi-bō 28-jō jiken no gaikyō Heisei 27-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyōku, Heisei 27-nen: 1-3*

Note: Percentages added to table by author

Table 22: Result of appeal by applicant. 2012-2015

Result of appeal by applicant

2012	Petitioner	Successful	Declined	Withdrawn	Other Settlement	Total
Cutting of Parental Rights	Child's Family	7 8.6%	7 8.6%	66 81.5%	1 1.2%	81
	Child Guidance Centre Head	7 70.0%	0	3 30.0%	0	10
	Child	0	0	0	0	0
	Other	0	1 100.0%	0	0	1
Suspension of All Parental Rights	Child's Family	5 9.4%	7 13.2%	38 71.7%	3 5.7%	53
	Child Guidance Centre Head	10 100.0%	0	0	0	10
	Child	0	0	7 87.5%	1 12.5%	8
	Other	0	0	0	0	0

Source (translated): Supreme Court. (2013b). *Shinken seigen jiken no dōkō to jiken shori no jitsujō. Heisei 24-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyoku, Heisei 25-nen: 7*

2013	Petitioner	Successful	Declined	Withdrawn	Other Settlement	Total
Cutting of Parental Rights	Child's Family	11 13.6%	5 6.2%	64 79.0%	1 1.2%	81
	Child Guidance Centre Head	7 87.5%	0	1 12.5%	0	8
	Child	3 37.5%	0	5 62.5%	0	8
Suspension of All Parental Rights	Child's Family	18 16.5%	24 22.0%	67 61.5%	0	109
	Child Guidance Centre Head	37 78.7%	1 2.10%	9 19.10%	0	47
	Child	10 37%	4 14.8%	12 44.4%	1 3.7%	27

Source (translated): Supreme Court. (2014). *Shinken seigen jiken no dōkō to jiken shori no jitsujō. Heisei 25-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyoku, Heisei 26-nen: 7*

2014	Petitioner	Successful	Declined	Withdrawn	Other Settlement	Total
Cutting of Parental Rights	Child's Family	19 18.1%	15 14.3%	66 62.9%	5 4.8%	105
	Child Guidance Centre Head	8 57.1%	0	6 42.9%	0	14
	Child	2 40%	1 20%	2 40%	0	5
Suspension of All Parental Rights	Child's Family	17 17.2%	19 19.2%	59 59.6%	4 4.0%	99
	Child Guidance Centre Head	18 52.9%	4 11.8%	12 35.3%	0	34
	Child	5 22.7%	6 27.3%	11 50.0%	0	22
	Public prosecutor	0	0	1 100%	0	1

Source (translated): Supreme Court. (2015b). *Shinken seigen jiken no dōkō to jiken shori no jitsujō. Heisei 26-nen 1 gatsu ~ 12 gatsu Saikōsaibansho jimu sōkyoku katei-kyoku, Heisei 27-nen: 7*

A Tokyo family courts' newsletter (2012: 3, emphasis added) explained why the option to suspend all parental rights was created:

Under the system to cut parental rights permanently, the requirements for this to be proved, and the outcome if this is proved, are very heavy. *In addition to this, after a pronouncement of parental rights being cut it becomes very likely that this will prove a hindrance to family reintegration.* These reasons indicate that in cases of child abuse it is hard to apply for parental rights to be cut.

This highlights the courts' construction of the goal of care as family reintegration, even in the most serious abuse cases. Yoshiaki argues that this results in the courts having a higher threshold for removing children than CGCs (2000).⁵¹

There are several barriers to CGCs using the courts. The first is the workload and expertise required. The second is a fear of alienating the family, which could hinder the CGC's capacity to facilitate family reintegration (Harada, 2010; Kurihara, 2011). Some CGCs have responded to this by creating an emergency division, to separate the roles of investigation and support (see Sato, 2009).

The third barrier was expressed concisely by a senior manager in Teru, who, during a case meeting, noted that 'if we have to take it to court and they say no, then our options are very limited'. CGCs sometimes raise the possibility of court action to exert leverage over parents (Harada, 2010). The fear of the court saying 'no' stems from concerns over the family courts' limited specialist knowledge. A discussion in Teru,⁵² on the potential adoption of an infant who is in foster care under Article 28-1, highlights this:

SM2:⁵³ If went to court have no idea what would happen right?

CW: Yep. We have to just see and try. Any normal person would say that this kid should be adopted, but not sure what the court would say... The father just agreed with the mother... It is possible that the mother will agree for now, and then change her mind after

SM1: We need to be able to go to court for these things

SM2: This child is going to be in foster care until 18 right, whatever happens

⁵¹ The need for a higher burden of proof also inhibits police involvement.

⁵² All quotations from meetings are taken from the simultaneous translation I made at the time. The syntax is not perfect. This reflects my translating/typing speed and the practice in spoken Japanese of omitting the sentence subject. Additional notes or clarifying words added post facto are enclosed in square brackets.

⁵³ SM – Senior Manager; CW – Caseworker

CW: Yes

SM2: In that case adoption is clearly best. If the courts were normal they should understand this, but...

CW: It is written in the UN guidelines⁵⁴

SM2: They don't know what foster care is, let alone the guidelines

...

SM1: We want to do adoption whilst in time [given the legal age limit of 6 on adoption]

SM2: We want to make it like "real" parents and child

The decision by the Teru CGC to take this case to court, despite being unsure of the outcome, was made as part of a concerted effort by the Teru CGC to 'educate' the courts on the role the CGC felt they should be playing.

The final barrier to the CGCs using courts is capacity. The head of Human Rights Watch in Japan, herself a noted lawyer, believes that there would need to be a many-fold increase in the number of courts, judges, and lawyers, as well as specific training, for courts to be able to take on all disputed child welfare cases (interview, 2015; see also Harada, 2010; Saimura et al., 2002a). Kubo, the first full-time lawyer employed in a CGC, also calls for an increased role for the judiciary but concludes that 'given the current state of the courts, the situation of the CGC, the resources, and the legal system, what I say is no more than a dream' (2014: 249).

These barriers mean that many CGCs do not engage with the legal system at all. Kurihara (2011) found that 55.5 per cent of CGCs surveyed used Article 28-1, with 38.5 per cent using Article 28-2. Kurihara (2011) also found that under 30 per cent of CGCs or local authorities had a procedure for using Article 28.

These barriers mean that the importance of parental consent cannot be overstated. While the parent does not attend the decision-making meetings, their opinion frames everything. The caseworker's primary concern is to secure consent for the child to enter care. The parents' ability to withhold consent for this increases the weight of their opinion on the placement type. With parental preference for institutional care well established (MHLW, 2012a: 28; Tsuzaki,

⁵⁴ This was one of only three cases where reference was made to international standards. It is possible the reference relates to the timing of this case, which came a few days after Human Rights Watch's damning report on Japanese alternative care.

2009), it is perhaps unsurprising that a 2011 survey of CGC found that the most common response to the question ‘What challenges do you face to increasing the foster care rate?’ was ‘The natal parent or guardian does not want foster care for the child (includes refusing consent)’ (78.4 per cent of CGCs; National Child Guidance Centre Directors’ Committee, 2011: 55; see also Harada, 2013; Miyajima, 2001; Ministry of Foreign Affairs, 1996; Tsuzaki, interview, 2012).⁵⁵

The lack of judicial involvement continues to impact cases post-placement. Discussing placements made under different labels, a caseworker (2015, interview) explained, in English, that:

In both cases under ‘child-rearing’ and under ‘abuse’ with agreement, a parent agrees with what he/she will do [in] a prior discussion with the CGC before returning home when the CGC places a child into care. The discussion has no legal force and a parent can remove a child even though he/she does not discuss...

The caseworker explained that the only option the CGC has here is to ‘change the “formal placement” to a “temporary care placement” (...in foster care, BIWI, CWI, temporary care institution) and then apply for an approval of family court’ (2015), though they noted that many CGCs do not do this.

The challenges faced by the CGCs in securing judicial support echo the work of Alexy who, in relation to the legal framework that coerces people to choose ‘mutual’ divorces, argues that the legal structure ‘does not diminish conflict in the process, but instead hides it from the court records, thereby feeding the myth that Japanese people are less litigious or conflictual’ (2011: 260-1; see also Bryant, 1990).

This section has outlined the formal decision-making process. Running parallel to this is an informal system, where the caseworker seeks advice from colleagues or managers. The formal meetings represent points where discussions become decisions and afford senior

⁵⁵ Parents occasionally go further than refusing consent: Saimura et al.’s (2001b) study reported death threats and incidents in the homes of CGC staff members.

management the opportunity to challenge and redirect care-plans. Regional variation here is discussed in Chapter 8.

4. Conclusions

This chapter has outlined the context of organisations and authority. It first detailed policy change on foster care and the relationship between national and local authority, before considering the impact of fiscal structures on policy change. Four main points were raised here. The first is that policy change promoting foster care is recent and, prior to the 2016 revision of the Child Welfare Act, limited in ambition. The second is that it is considered valid for local authorities to have discretion in determining local policy and practice. The third is that there are limits to the power of the local authorities, for example in acting without parental consent. Finally, the sharing of costs between local and national authority inhibits the impact of the higher cost of institutional care. The fact that local authorities need to meet transitional restructuring costs themselves, a significant investment (European Commission, 2013; Lumos, 2011; UNICEF and World Bank, 2003; World Health Organization, 2010), exacerbates this, as does the fact that the CGCs hold more ‘moral responsibility’ for children in foster care than they do for those in institutions.

The chapter then outlined the organisation of the child guidance centres. This covered the lack of professional knowledge in CGCs, caused in part by the rotation of staff, CGCs’ diverse and heavy workload, and differences in how the Teru and Irifune CGCs organise their staff. The chapter then detailed the decision-making process, with attention given to the limited role of the judiciary and the impact this has on the caseworker’s ability to make decisions in what they believe to be the best interests of the child.

There are two final points to raise in concluding this chapter. The first is that the gap between entering care and not is, in the words of one CGC head, ‘a cliff edge’ (interview, 2014). The limited support offered to children not taken into care, which a second CGC head

described as ‘in reality very limited’ (interview, 2015), means that a decision not to place a child into care often sees them returned to abusive households (Yamamoto et al., 2009; 2013). This led two CGC heads to argue the need for a ‘more graduated set of care support services’ (interviews, 2014; 2015). The lack of ‘middle-ground’ placements contributes to the low rate of children entering care.

A further contributing factor here is the challenge of accessing children in need. Sano believed this to be particularly true for youths aged 15 to 17, and estimated that there are many thousands of youths in need who are not in contact with CGCs. This group is, Sano noted, vulnerable to sexual exploitation (see also Osaki, 2014).⁵⁶ This is supported by the 2016 MHLW

⁵⁶ In a CGC lecture, Watanabe (2014), a juvenile delinquent centre head, spoke in depth about this issue. Watanabe reported that more girls, who make up nearly 10 per cent (292 of 2498 children) in juvenile detention, had done drugs, which the speaker said are associated with sexual exploitation, and had been involved with gangs. Watanabe stated that:

The girls said that the sex trade is best in junior high school as you make the most money. They can’t work formally until 18 so end up getting associated with gangs... The girls know how much they would get paid for different things in different prefectures. Get a lot of information from internet and get connected to various people. They go on ‘holiday’ with people - do actually go on holiday but also obviously have sex with them.

Watanabe reported that of 26 girls in one detention centre, ‘15 had been the victim of violent attacks, 19 had been the victim of sexual attacks, 19 had sold themselves for sex, and 9 had introduced another girl to this kind of work.’ A senior CGC manager later added:

In Japan it is very common for high school, junior high school, and even elementary school girls to exchange sex for money, and to live on that money. It is often linked with the yakuza and the police response is always relatively gentle. It is very hard to prosecute, very hard for the girl to testify... When these cases come up they are not particularly newsworthy and the public reaction is not so big. Sadly, it seems to be relatively socially accepted. The girl we discussed the other day had been sexually exploited since at least sixth grade of elementary school and potentially even earlier.

Newspapers have covered issues such as mobile phone applications, including one of a CWI care worker who had bought sex from a junior high school girl he met using an application (Yomiuri shinbun, 2015). There has also been a proliferation of services facilitating child sexual exploitation including paying to ‘go for a walk’ with a child, during which other ‘services’ can be negotiated. These service providers are publicly visible and are usually known to the police and CGCs.

Sexual exploitation is sometimes linked to the production of child pornography. Despite international concerns over the creation and distribution of child pornography in Japan (UN General Assembly, 2016) and a slight increase in political attention, visible in a cabinet office symposium (2014), convictions for child pornography are extremely rare. Further, there remains a ‘grey’ area of DVDs and books of young children scantily dressed and legal explicit child abuse images in anime and manga. The first criminal case of human trafficking for the production of child pornography, under the 1999 anti-child pornography law, did not occur until May 7th, 2015 (Lighthouse Project, 2015).

report on the response of CGCs to child prostitution and pornography, which found that many children did not approach CGCs as they were apprehensive of their response (MHLW, 2016j).

The second point is the absence of the child's voice in the decision-making process. Despite Japan's ratification of the UN CRC, a core principle of which is children's participation in decisions that affect their lives, there are only a few situations where the child's voice is given weight. The first of these is where the child is older and must decide whether they will stay in school or seek employment, which entails moving to a self-reliance assistance home.⁵⁷ The second is when the child has been in alternative care for a long time and is aware of the differences between welfare institutions, and of their capacity to disrupt placements to force a move. It is rare for a younger child's voice to be given serious consideration. It is possible that Nussbaum's description of how 'habit, fear, low expectations and unjust background conditions deform people's choices and even their wishes for their own lives' (2000: 114) partly informs why the lack of voice has not been problematized by children in care or by most care-leavers.⁵⁸ The absence of the child's voice may result from a limited awareness of or scepticism about the child's right to a voice (see Aspinall, 2016), or may relate to a lack of confidence in CGCs in their ability to deliver what the child wants.

Perversely, given the courts' prioritisation of family reintegration, the lack of judicial involvement actually weakens the CGCs' ability to involve the parent in the decision-making process and to facilitate family-reintegration. Without legal support, the caseworkers cannot

⁵⁷ Even here the child's preference is not always respected. An aid objectives meeting for one such case had to be rushed forwards as the child's school was very strict on attendance and would not take into consideration the fact that the child was in temporary care. The child wished to stay in school. The caseworker was apprehensive about this, as a placement in the self-reliance assistance home could more easily be extended until the child was 20 than a placement in the CWI, which would probably end when the child was 18 and finished high school. The caseworker feared that if the child did not complete high school they could end up with nowhere to live and no support, as a placement into the self-reliance assistance home can only be made before the child turns 18. The senior managers sided with the caseworker and the child was placed into a self-reliance assistance home, had to leave school, and commenced part-time work.

⁵⁸ Midori Nakamura, founder of the care-leavers group CVV (Children's Views and Voices) and a member of an MHLW specialist committee on alternative care, is a notable exception here (see also Watai, 2010).

engage the parents as part of a 'team'. This often results in children being left in placements for many years for fear of 'awakening' parents who they cannot control. This further steepens the 'cliff edge' of a placement into care.

The alternative care system operates largely on the creation of expectations on role performance: from the MHLW to local authorities, in foster care targets and in 'technical guidance' rather than legally binding policy; from the CGCs to parents, who are 'are taught ways to behave' (Hill, 2013: 252, referencing Hasenfeld and Steinmetz, 1981), to consent to their child entering care, to consent to the desired placement, and to promise not to continue abusing their child; and from the CGCs to the welfare institutions, to reform and promote foster care.

The lack of legal recourse or support undermines the ability of the caseworkers to act in the best interest of the child. It also means that local authorities cannot effect policy change based on ideals such as rights, instead remaining bound by realities such as parental consent. The lack of legal support appears to extend to the top, with one MHLW bureaucrat commenting that the Ministry of Justice 'do not want to touch this problem at all' (interview, 2015).

These factors combine to create a plasticity in the decision-making process where the caseworker's discretion is critical. This thesis next turns to investigate this discretion more closely, looking at the values that underpin it (Chapter 5), the resources that shape and confine it (Chapter 6), the norms of the caseworker that determine how it is used (Chapter 7) and the organisational culture that moulds it (Chapter 8).

Chapter Five. The context of policy implementation: The caseworkers' values on the family-bond

1. Introduction

This chapter outlines subconscious and unspoken values that frame policy implementation in the CGCs. Beland and Cox argue that the best way to do this is for 'social scientific research... to identify the ideas people use and show their effect on political processes and outcomes' (2011: 14).

The decision-making process on alternative care is a previously inaccessible arena in which we can explore values on the family. Discussing adoption in Japan, Bryant (1990: 335-6) notes:

Mediation has played an important role in the maintenance of legitimacy because disputes can be resolved without resort to the formal legal rules. In fact, the contours of the disputes and their resolution are difficult to draw precisely due to the facts that mediation is used so frequently and that it is a process that is generally closed to the public and to researchers.

Drawing on Parson's (1972) distinction between values and norms (see Chapter 1), this decision-making process can be understood on two levels. The first is normative, with the decision acting as a form of 'social control' (Hendry, 2003: 231) delineating what an 'acceptable' family is. The second relates to values on the family: 'in all their apparently aberrant modes of behavior, individuals, who are "ill" are just transcribing a state of the group, and making one or another of its constants manifest' (Levi-Strauss, 1950: 17).

Analysis of the 210 aid objective meetings across the three fieldwork sites led to a focus on the construction of the family-bond, the relationship between child and family. While three key aspects of this construction were shared across my fieldwork sites, despite their diverse foster care rates, I do not understand this construction as immutable, static or ahistorical. Instead, drawing on Bourdieu (1996: 25), I understand the CGCs as engaged in a process of continual production, rather than simple replication:

In a kind of circle, the native category [of family], having become a scientific category for demographers, sociologists and especially social workers who, like official statisticians, are invested with the capacity to work on reality, to make reality, helps give real existence to that category.

This thesis builds on an 'ideational approach' (see Chapter 1), and argues that '[n]ot only do policies codify social norms and values, and articulate fundamental organizing principles of society, they also contain implicit (and sometimes explicit) models of society' (Shore and Wright, 1997: 7), and that the implementation of welfare is 'an active force in the ordering of social relations' (Esping-Andersen, 1990: 23; see also Mackie, 2002). Within this, '[r]epresentations, linguistically and symbolically codified, are seen as creating social reality rather than just reflecting it' (Russell and Edgar, 1998: 5).

There are challenges with this approach. The first is the fact that 'to commit oneself to a semiotic concept of culture and an interpretive approach to the study of it is to commit oneself to a view of ethnographic assertion as, to borrow B. Gallie's by now famous phrase, "essentially contestable"' (Geertz, 1973: 29). I address this by testing the construction of the family-bond presented here against all 210 aid objective meetings across all fieldwork sites, looking for a 'black swan', and by conducting 'auxiliary outcome' tests (Mahoney, 2010), including on divorce legislation, adoption legislation, and visual representations of the family.

Hann argues that 'only through ethnographic research can we assess the extent to which a dominant discourse turns out to be a smokescreen, and the frequency with which moral norms are honoured in the breach' (1996: 21). Bobrow (2008: 575) too argues that:

To say that policy analysis needs to consider cultural and social factors as constraints and enablers is not to commit to a single methodology or type of data. It is, however, to commit to empirical enquiry, i.e. to beginning if not ending with "thick description" of what people say and do.

The second challenge presented by this approach is the definition of culture (see van Oorschot, 2007). I do not frame the dominant discourse on the family-bond as 'culture', but as a narrowly defined Parsonian 'value' that has a legible impact upon policy implementation. This

draws on Small et al., who argue that 'the best approach is a pragmatic one... While the umbrella term "culture" might serve as useful shorthand... it ultimately masks more than it reveals, at least when the purpose is to understand a specific problem' (2010: 13-14).

The third challenge relates to causality. Baldcock avoids this by stating that his paper is 'no more than an exploration of how far "culture" and "social policy" might be linked' (1999: 459). I am braver, or perhaps more foolish; drawing on Pfau-Effinger (2005), I suggest that policy implementation shapes the dominant discourse on the family-bond, and the dominant discourse on the family-bond shapes policy implementation.

The final challenge is that some 'cultural interpretation is merely post facto: that, like the peasant in the old story, we first shoot the holes in the fence and then paint the bull's-eyes around them' (Geertz, 1973). Many cultural explanations for Japan's limited use of foster care and adoption face this charge, attributing importance to 'blood' (Kadonaga and Fraser, 2015: 13) or 'traditional views of the family' (Kendrick et al., 2011: 6) without outlining mechanisms or evidencing these assertions.

Here I draw on Pfau-Effinger, who argues that 'welfare culture and welfare state policies are connected via the ideas of social actors' (2005: 6), and focus on the impact caseworkers' values on the family-bond have on policy implementation. Investigating this requires an understanding of the power relations between actors (see Pfau-Effinger, 1998; Reinhold, 1994; Thelen, 1999), here between parents and CGCs (Chapter 4) and between CGC staff (Chapter 8).

Finally, I do not prioritise the impact of the caseworkers' values and norms on policy implementation over other factors (see Small et al., 2010), also considering organisational context, resources, beliefs and organisational cultures.

This chapter introduces three characteristics of the family-bond before deconstructing the family-bond. It then presents evidence for each of the characteristics before considering the impact these values have on policy implementation.

2. Three characteristics of the dominant values on the family-bond

Analysis of the aid objective meetings allowed insight into 'deep-rooted social and cultural beliefs, such as attitudes to the proper role of women and children' (Aspinall, 2016: 139; see also Herzfeld, 1993; Yamaura, 2013). The most important of these values was the family-bond, which had three characteristics:

1. A child can only have one family-bond. Forming a new family-bond weakens the existing or potential family-bond, and the formation of a new family-bond cuts the existing family-bond.
2. Removing a child from the family risks destroying the existing or potential family-bond.
3. Children are unable to form a family-bond after a certain age.

The decision to remove a child from their family is made by evaluating the risk this poses to the family-bond against the risk not doing so poses to the child. The decision is based upon the assessment of the strength of the family-bond and of the family's capacity to care for the child. The relative importance assigned to these two factors varies.

The construction of the family-bond as singular also affects the decision on the suitability of foster care: where care in foster care is constructed as being built upon a new family-bond, it is seen as unsuitable for children for whom the goal of care is family-reunification. Where foster care is constructed as semi-professional care in a home it is seen as less of a threat to the family-bond. This is explored in Chapter 7.

CGC staff have two fundamental fears: the death of a child known to them, particularly where there are questions over the actions that the CGC has or has not taken; and the child becoming a *sutego*, an abandoned child. The act of removing a child from the family risks destroying the child's family-bond with their parents. This risk is exacerbated by the child starting to form a family-bond with someone else. If this second formation process is understood as impossible, or the process breaks down, the child risks becoming a *sutego*, a child

with no family-bond. In extreme cases, the decision on whether to remove a child can be understood as the evaluation of the fear of 'social death' and 'biological death'. Surprisingly, the fear of 'social death' sometimes appears to override concerns over 'biological death'.

These three characteristics of the family-bond contribute to our understanding of puzzles tangential to this thesis: on children being returned to abusive households, the low rate of children entering care, and the low foster care rate. This construction of the family-bond leads these decisions to sometimes being understood as in the child's best interest, a position that nuances arguments focusing on parental rights being prioritised over children's rights (see Goldfarb, Forthcoming A; Tsuzaki, 2009).

The three characteristics of the family-bond build upon, evidence and develop Goldfarb's finding of 'a perception that parent-child ties cannot be multiple: a child's relationship with a caregiver who acts like a parent threatens the child's tie to his or her *actual* parent' (2012: 9-10, emphasis in original). Goldfarb later clarifies that 'many people... perceive foster care as a threat to a birth parent's potential relationship with a child, but my interlocutors never made explicit the reasons why' (2012: 98). This chapter makes the reasons explicit.

These characteristics of the family-bond are relatively uniformly understood across my fieldwork sites. This assertion risks being charged with orientalisising *a* Japanese culture. In my defence, I first note that the importance given to the different components of the family-bond, discussed below, varies by case, according to the CGC's understanding of the best interests of the child and of their role. Second, this construction of the family-bond is not necessarily unique to Japan and may provide a mechanism for the long-standing hypothesis that the construction of the family in Catholic, or 'Mediterranean' countries, including Italy and Portugal, contributes to their low foster care rate (see Goodman, 1999; Madge, 1994).¹

¹ I hypothesise that this factor is more important in Japan and Mediterranean countries than in Eastern European countries, where the Soviet legacy is considered important (UNICEF, 2009). Further research into the family-bond in these countries is needed to test the international validity of this construction.

3. The constituent parts of the family-bond

3.1 Introduction

In 2011 the Asahi Shimbun featured a thirteen-part series on foster care (Sugiyama 2011a~j; Inoue, 2011a; 2011b; 2011c). The series, titled 'Become a parent, become a child', largely constructed foster care as a proxy for adoption and focused on the creation of a new family or a new family-bond: 'We became a family on the southern island' (Inoue, 2011c), 'I 'proposed' with a picture book that she become my daughter' (Sugiyama, 2011e), 'More of a mother than my real mother' (Sugiyama, 2011g).

This series opened with the article 'Even more than ties of blood' (Sugiyama, 2011a). The emphasis on 'blood' in the family-bond is also found in Murata's (2005) 'Making a family: The way of life of regular foster parents', which explains how a connection can be built 'even without blood ties' (71).

Goldfarb (2012) attempts to untangle what she calls 'the parent-child ties' by exploring the relationship between blood and legal ties, and argues that the term 'blood ties' often refers to *uchi/soto*, inside/outside, relationships (see Robertson, 2008) that have grown more prominent with the nuclearisation of the ideal family (see Ochiai, 1997). Shirai also argues that 'reproductive technologies have reinforced social norms that dictate the importance of blood relationships within modern families' (2010: 18).

This thesis develops this, and argues that the family-bond is a contested composition of: legal bonds (parental rights), blood ties, the embodied practice of giving care, a sense of belonging to a place,² and familial love, and that it is understood to be durable, with expectations, obligations, and responsibility around future support.

² *Ibasho*.

3.2 Legal, blood and practice bonds

The three components of the family-bond given the most weight in decision-making are legal bonds, blood bonds, and bonds from the embodied practice of caring.

The tension between legal bonds and bonds from caring is explored in the Palme d'Or nominated 2013 film *soshite chichi ni naru*, 'Like father like son' (Harada and Korreda, 2013).³ In this, two families whose babies were mixed up in hospital must decide whether to 'switch' back their six-year-old sons. Two cases from Teru demonstrate how these bonds, of law and blood, are afforded different importance depending on how the CGC understands the best interests of the child.

Sosuke⁴ is a 9-year-old boy. Born to an 11-year-old mother and a 13-year-old father, he spent much of his childhood in a BIWI and a CWI and believes his grandmother, who has previously abused him and with whom he is currently living, to be his mother. His grandmother is known to police over drug use. Sosuke wishes to enter care but wishes to stay at the same school as he has a sense of belonging there.

Sosuke's grandmother has not adopted him so his mother retains legal bonds. Sosuke's grandmother has bonds built through care, though these may be seen as qualified by her having abused Sosuke. Both mother and grandmother also have blood ties to Sosuke.

During the aid objectives meeting the caseworker reported that the grandmother initially opposed the placement into care and is now conflicted, and that the 'the real mother seems to have drawn a line and distanced herself from a self-concept of herself as being the mother.' This prompted a discussion between senior managers:

SM1: We have to explain in detail to the real mother about this situation, and about getting parental consent from her. She will sign everything, so [we] can't just get her to sign the child away.

SM2: We don't have to get her sign [anything]. She is not opposed to it. We have to confirm with her is ok.

SM3: In my experience she will just say, do whatever you like.

³ A literal translation is 'And so, I become a father'.

⁴ All names have been anonymised and identifying characteristics altered.

SM2: We can do it purely as information – this is what is happening – and if she doesn't oppose...

Here legal bonds are prioritised over bonds from care. Rather than attempting to convince the grandmother, which the CGC saw as potentially risking the placement into care, the CGC prioritised the legal bond as the natal mother did not oppose the course of action that Sosuke and the CGC wanted.⁵

In the second case, weak bonds from care and the assumption of blood bonds were prioritised over legal bonds. Jinpei, a 3-year-old boy placed into a BIWI at birth, is the second child of an affair between a married man, who has children in his marriage, and a divorced lady, who has one child from her marriage. The father acknowledged paternity of the first child born from the affair, which resulted in that child being referenced on his family register, but has refused to acknowledge paternity for Jinpei.

During the aid objectives meeting the caseworker explained: 'I think it's that his wife knows about the first child but not about the second. For him to be on the birth certificate the child needs to go on his family registration and his wife will find out.' The mother could have taken the father to court but did not want to alienate him, hoping he would leave his wife, a scenario the caseworker considered unlikely.

The caseworker wanted to keep the possibility of a relationship between Jinpei and his father alive. The father was praised for having regularly visited the child in the BIWI, even though he did 'not go every time the mother went'. The caseworker's section head stated that there 'seems to be an ok relationship with the father and child'. Here the active refusal to acknowledge legal bonds was seen as less significant than the assumption of a blood bond, tentative bonds from 'caring', and the potential family-bond.

The decision on whether Jinpei, who was ageing out of the BIWI, could return home hinged on the CGC's assessment of the strength of the family-bond and the capacity of the

⁵ In this case, the mother was later fully consulted.

mother to provide care. The mother was seen as capable, as 'she has raised another child, so not so concerned about how she will do raising children' (senior manager), but as having a weak family-bond with Jinpei. A senior manager was concerned 'about the fact that [the mother] is not raising this child' and the caseworker reported that the BIWI staff 'wish the mother would be a bit pushier asking for him back'. This concern was tempered by the fact that the mother 'does go to visit the child a lot'.

The outcome here followed the supervising child psychologist's suggestion that the CGC 'rebuild the relationship a little before the child goes home'. A senior manager followed up, 'we should do this as we would a foster parent, start with gradual exchange, building the relationship, and then keep an eye on the family.'⁶ Goldfarb's argument that 'kinship emerges in embodied daily practice' (2012: 5) focuses on the potential for children to gain kinship-like bonds with foster parents. Jinpei's case demonstrates that the embodied practice of caring is also seen as important in developing the family-bond with natal parents.

3.3 Ibasho

The case of Maiko, a 5-year-old girl being adopted in Yuno, shows the importance of *ibasho*, a sense of belonging.⁷ Reporting on the acclimatisation process, the caseworker noted, 'this is the fourteenth time of meeting. Tried overnight stay for the first time. Have done day trips twice... The foster parents are making a big fuss for her to feel like is her *ibasho*.'

In Maiko's case, *ibasho* is a foundation for the creation of a family-bond. Sosuke's case, where his school was his *ibasho*, shows that this can exist independently of the family-bond (see Serizawa, 2012). This distinction is important: I argue in Chapter 7 that while welfare institutions

⁶ The acclimatisation process is described in Chapter 1, with further information in Appendix 6.

⁷ When I later asked about adoption of 5-year-olds, the caseworker responded: 'This is a very rare type of case.'

aim to create *ibasbo* (see Bamba and Haight, 2007) they do so in a manner that is divorced from the creation of a family-bond. Indeed, this is understood as one of their 'strengths'.

A key distinction between *ibasbo* and the family-bond is that *ibasbo* is considered beneficial even when temporary. This can be seen in the case of Taisei, a 10-year-old boy entering a CWI in Yuno due to serious 'child-rearing issues'. The CGC believed that the mother was likely to remove Taisei from care before they considered this safe, and that the abuse was below the threshold a court would accept to partially suspend parental rights. Despite the fear of the placement being short, here referring to 6 to 24 months, two senior managers retained pragmatic hopes:

SM1: At this age may be good for him to have some time away from his mother.

SM2: Yes. Want him to have *ibasbo* for a while.

The creation of a family-bond was never constructed as temporary or as beneficial even if brief. Indeed, children with more problematic behaviour, who have a greater risk of placement breakdown, were often placed into CWIs rather than foster care explicitly due to concerns over partially creating and then breaking a new family-bond.

In a 2014 presentation to the Teru CGC, the head of a juvenile detention centre explained *ibasbo*: '[The] key first step is being in a safe place. Getting normal correct life rhythm, having a person who will listen to them talk and believe them... regular food and rhythms.'

These characteristics can also be seen in a case from Teru. Akemi, a 17-year-old girl, has been in a CWI for most of her life and wishes to go home to her mother, who has ongoing mental health issues. Akemi is one of eleven children, eight of whom are in care, and recently starting refusing school after a teacher bullied her. The mother also wants Akemi back home, though the CGC fears Akemi will then leave school.

During the aid objectives meeting a senior manager asked, 'There is no one in the CWI she can talk to? Staff wise?' The caseworker replied, 'No. Her supervisor recently changed and is new, so a veteran staff member helps with communication etc.' A second senior manager

responded, 'She came from a neglectful home to a neglectful institution. I hope her next home gives her an *ibasbo*.'

Ibasbo, then, requires the presence of support, with the child having someone they can talk to. It is linked to a sense of safety and the child having 'normal' daily rhythms, and is something that is understood to be beneficial even when temporary. *Ibasbo* is a foundation for the creation of a family-bond and is desirable, but not necessary, for an existing family-bond.

3.4 Familial love

An important but overlooked component of the family-bond is familial love. An aid objectives meeting in Teru for Jiro, aged 3, and his 5-year-old brother Ichiro highlights this. Their mother is divorced, is 'working nights'⁸ to repay a debt, and is suspected of having long-term severe depression. The mother came to the CGC as she felt it would be better for Ichiro and Jiro to be in care for a while.

SM: Seems realistically that we will end up with the children in care for a longer time.

CW: Mum seems to think that she will cope when they are a little older. The mum certainly does love them.

SM: Would be best if the mother could live with an adult who could help with the childcare. We can take them into care, but that would be best.

CW: The mother has no desire right now to care for them.

Here the mother is seen as lacking the capacity and the desire to care. Her love is seen as genuine, manifest in her attempt to do what she believes is best for her children and her desire to care for her sons in the future. This speaks to the final component of the family-bond, expectations of future support.

⁸ Caseworkers rarely used euphemisms, which suggests that this mother was working as a hostess or that the caseworker was unsure on the exact nature of the work.

3.5 Expectations of future support

The family-bond is understood to be durable, with expectations of future support. Haruto's case, in Teru, highlights these expectations and the CGC's fear of a child being left with no family-bond.

Haruto is a 15-year-old boy. He has been in institutional care for 12 years following abuse from his mother, and attends a special-needs school. Haruto's mother, who has had no contact with Haruto for years, told the CGC that while Haruto is on the family register of her ex-husband he was born from an affair and that 'the "dad" is not his dad'. Haruto's uncle used to visit him in care but this was stopped after suspicions of abuse. Haruto's elder sister lives alone and his younger sibling is in foster care.

Haruto sexually assaulted a girl in his CWI, resulting in a meeting between the girl's mother, Haruto's mother, and officials from the CGC and local authority office to discuss compensation. The caseworker reported that Haruto's mother said, 'It's not my fault, it's the CWI's responsibility. He is in the CWI. They are responsible for his acts.' The mother expressed a desire to cut her parental rights, which could, depending on the court's interpretation, waive her liability for compensation.

In a later CGC meeting the caseworker explained his fear that cutting parental rights would result in Haruto having no support when he ages out of care. A senior manager raised the possibility of parental rights being suspended.⁹ A second agreed, though was concerned that even here 'the court will think someone should be there for the child. This child has no one there for him, except the elder sister perhaps'. The caseworker summarised his concerns, stating:

[Haruto] has mental health issues. It seems will be ok in CWI until he is 18, but I really worry about what will happen at 18. This is a problem with many long-term cases in CWI with mental health issues. I want to think about what we can do to promote the relationship with natal parent, but this parent is not good at all. So, we have the option of suspending parental rights,

⁹ Where parental rights are suspended the head of the CGC, or in specific cases the head of a welfare institution, takes on parental rights.

but I am not sure what is best... I want the elder sister to help support, but minimal contact from her at present. And I worry about court involvement here, it may push her away.

Haruto's case represents a near worst-case scenario for a CGC. His mother's rejection of him risks social death, of him becoming an adult *sutego*, the consequences of which are amplified by his care needs. Haruto is understood as too old to create a new family-bond and as having too complex needs for a foster care placement.

On this rare occasion, the CGC was absolved from making the final decision. The natal mother's refusal to pay compensation despite her legal bond meant that the case went to court. While the prefectural office and court framed expectations here in terms of financial responsibility, the CGC was primarily concerned with expectations of future support.

3.6 Defining the family-bond

This section has examined the components of the family-bond. These are legal bonds, blood ties, bonds that emerge from the embodied practice of caring, familial love, and expectations of future support, with *ibasbo*, a sense of belonging, important in the development of a family-bond.

The families that the CGC work with overwhelmingly do not fit the post-war nuclear family 'norm'. Single parents, sex workers, drug users and gang members were not problematized based solely on these statuses; indeed, single mothers working in the sex trade were at times respected for doing whatever they could to provide for their child.¹⁰ Daily exposure to 'atypical' families, whose numbers are increasing with societal changes, mean that the frame of reference for the family-bond is one of 'normal-enough'¹¹ rather than 'normal'.

Having looked at the constituent parts of the family-bond this chapter next turns to examine the three defining characteristics of the family-bond.

¹⁰ One mother working in the sex trade was praised for being *majime*, earnest, for self-studying customer service.

¹¹ This echoes Winnicott's (1960) 'good-enough' mother.

4. I: A child can only have one family-bond.

4.1 Introduction

The most important characteristic of the family-bond is that a child is understood as only being able to have one at any point in time. The process of forming a new family-bond weakens the existing or potential family-bond, and the formation of a new family-bond entails the cutting of the existing family-bond. Where foster care is constructed as a replacement family-bond it is thus seen as unsuitable for children for whom the goal of care is family reunification. This section evidences this and suggests a link to the family registration system.

4.2 A case study

Ren entered care aged 2 and was placed with foster parents who were registered for 'fostering with a view to adoption'. Prior to the adoption being finalised the couple began divorce proceedings, resulting in the adoption process stopping.¹² Ren was cautious of his foster mother but had formed a strong bond with his foster father. The case discussion highlights two key assumptions: that a child can only have one family-bond at a time, and that institutions are sometimes used because they do not create a family-bond.

SM3: How to word it to a 2-year-old?

SM2: [Tell him] they will live in different houses.

SM1: But normally when divorce [you] go live with one of the parents, but the adoption system does not allow that. He may wonder why didn't I go to the father etc.

SH1:¹³ He thinks that they are his parents, do I say – I will find you new parents?

SM1: We should explain when he is 18 at the latest, need to record this and what we say now for future workers...

After discussing this as a 'system type problem with adoption' the participants continued:

CW: We will find you a new house with mum and dad living together.

SH2: He will not understand. But can tell again when he is older.

CW: Do I take the toys, his [A] and [B]¹⁴ which he plays with his dad?

¹² Only married couples can adopt.

¹³ Section Head.

¹⁴ Toys anonymised.

SM1: Want to make it easy for the next caseworker too. As simple and true as possible. [pause] We will have to find a new adopter who can do [B]! This is something we will have to do in life-story work, stress the value of his relationship with these people. Where best for temporary care? Family Home?

SH1: But if he goes to a family home then he will become a child of that home and have to move again.

TCW:¹⁵ Can he still see his [foster] father? He gets on very well with him.

CW: But, it will make moving forwards harder.

SM1: Better if he goes to a BIWI, [he] won't think of them as new family, but as staff.

Two decisions are made here. The first is to place Ren into a BIWI rather than a family home for temporary care in order to prevent him building a new family-bond as this placement would only be temporary. Here an institutional placement, with 'staff' not a 'new family', is seen as protecting the potential family-bond with the next adopting parents, with staff shift patterns¹⁶ and the low staff to child ratio¹⁷ preventing a family-bond being created. The second decision is to cut the family-bond with his foster father, as maintaining it would 'will make moving forwards harder'. This decision, to wipe the slate clean, is also made to protect Ren's potential to form a new family-bond.

Underlying Ren's case is the assumption that a child cannot maintain two family-bonds simultaneously. The institution here is a constructed limbo, a holding space that protects the existing or potential family-bond, in Ren's case until suitable adoptive parents are found.

4.3 Genograms and meeting discussions

The assumption that a child can only 'belong' to one household is also found in the genograms on CGC paperwork.¹⁸ In 153 of the 185 genograms I saw, the caseworker had drawn a circle

¹⁵ Temporary Care Worker.

¹⁶ *Sumi-komi* institutions, where staff live in, are now rare, limited largely to self-reliance assistance homes. I would classify Japan's SOS children's villages as *sumi-komi* unit style CWIs.

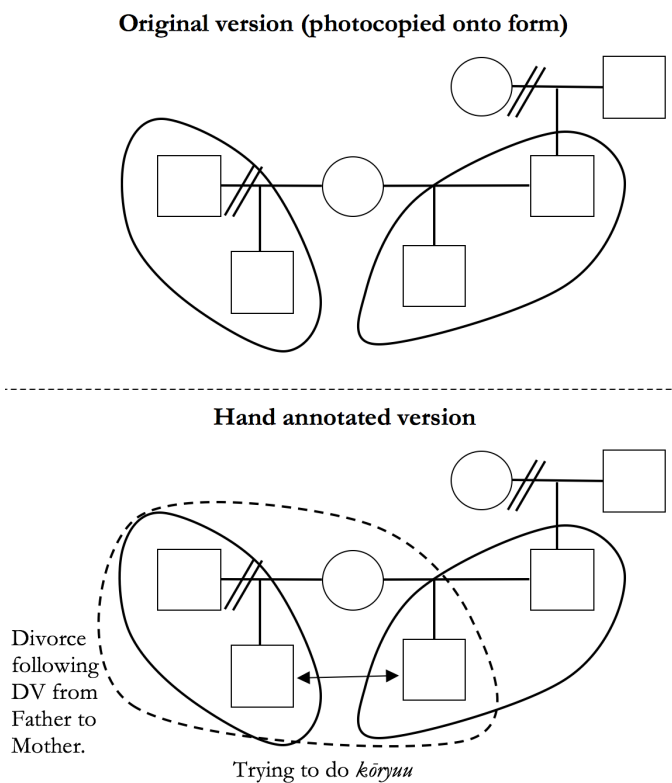
¹⁷ Administrative commitments mean that there is one staff member for every four to five babies and infants during the day and, according to one ex-BIWI staff member, between 20 to 40 babies and infants at night (interview, 2015).

¹⁸ Squares represent males, circles represent females, and a cross through a person indicates that they are deceased. A solid horizontal line indicates marriage, a dotted horizontal line indicates a non-marital relationship and a diagonal line through these indicates divorce or the cessation of a relationship. In Teru and Yuno, a double square or circle was used to indicate the child to whom the form relates.

around the child's 'family', with a solid-line representing a physical household and a dotted-line showing a potential household.

In these genograms, with one exception, children were only ever encompassed in one circle. Following divorce, children were placed in one circle with a parent or another guardian, such as a grandparent. The one exception was an Irifune case shown in Figure 39. The dotted line on the hand-annotated¹⁹ version of the genogram shows a potential household for the boy in the bottom right. As these circles represent different points in time, this unique genogram does not contradict the idea that a child can only belong to one household.

Figure 39: A unique genogram



Genograms were used differently across my fieldwork sites. In Yuno, only the abuse report form had a box for genograms, titled family composition. This came pre-completed with

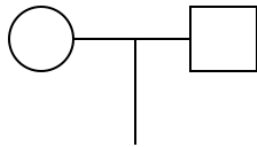
¹⁹ Participants commonly annotated forms with comments, corrections, and questions.

a married father and mother (see Figure 40). On other forms, a description of the family was written in text or tabular form.

Figure 40: Yuno abuse report form (printed, pre-completion)

Family Composition

Abuser: ● ■ Abused child: ○ □



The only other time genograms were routinely used in Yuno was in the monthly meeting of the subcommittee of the social welfare and public health committee. The genograms for these most complex cases were drawn using software. Figure 41 shows two examples.

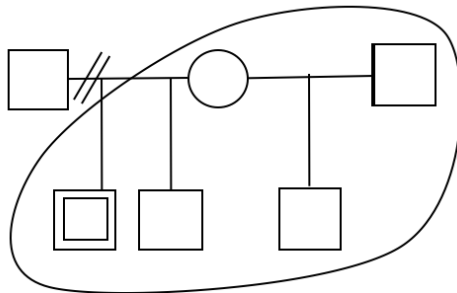
Figure 41: Two genograms: Yuno

Genogram One

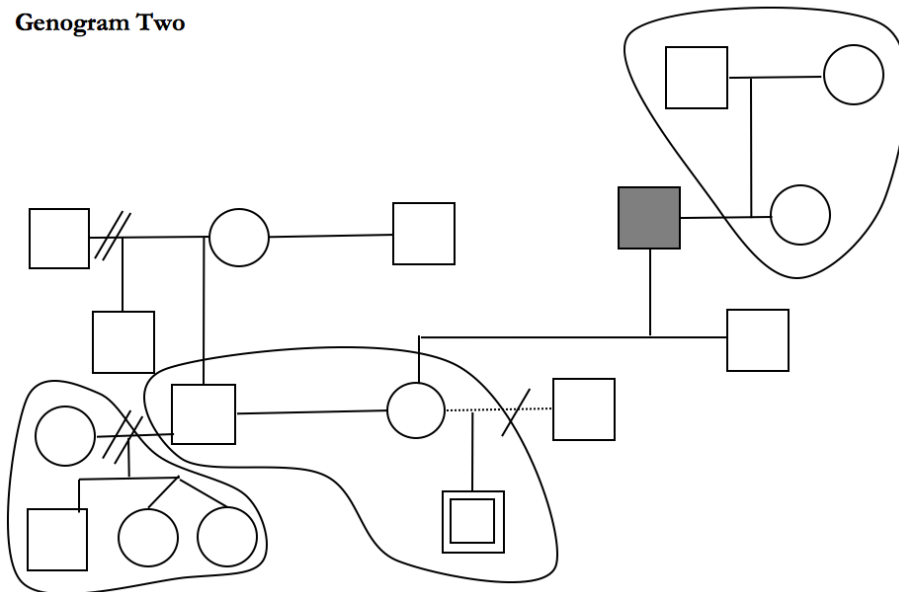
Divorced 200~

Re-married 200~

(Years anonymised here)



Genogram Two

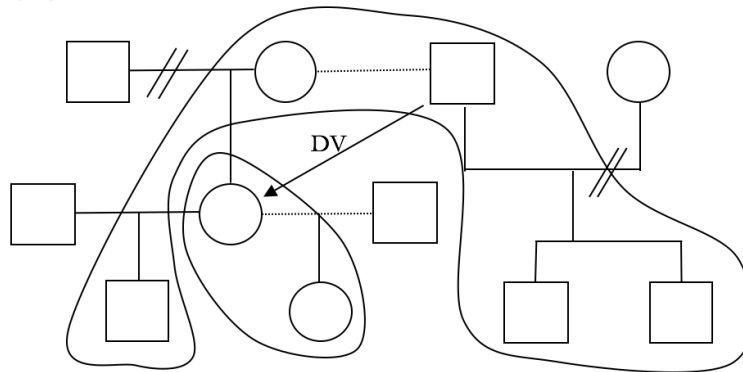


In Irifune, hand-drawn genograms were included on paperwork for aid-objective meetings in a box titled family composition, with key ages listed separately. Most Irifune genograms showed few actors outside the immediate nuclear family. Two of the largest genograms, with hand annotations, are shown in Figure 42.²⁰

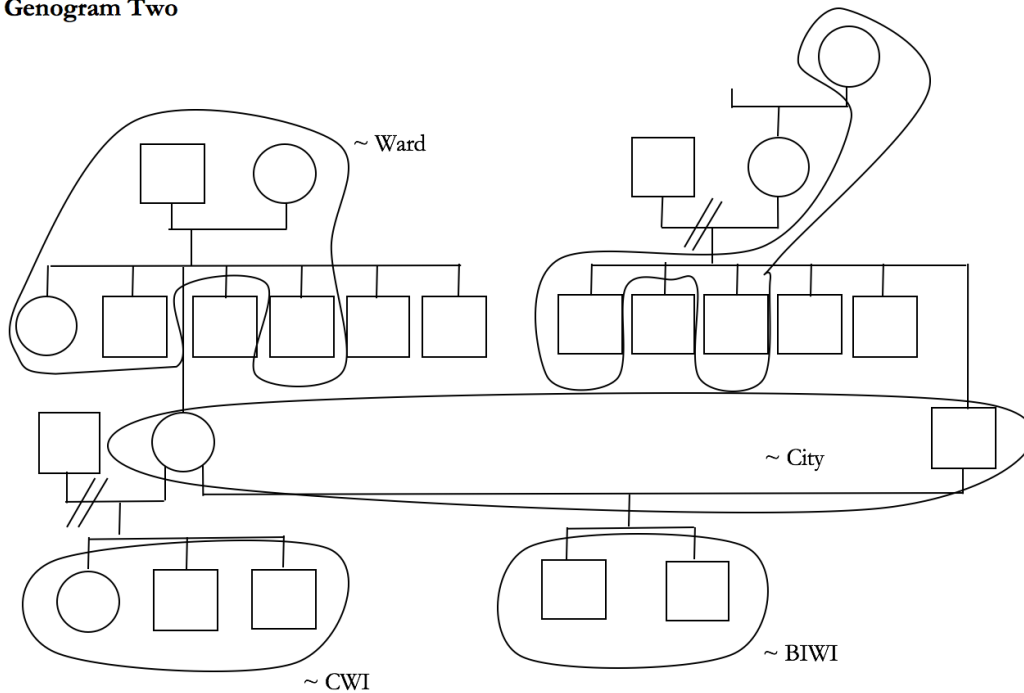
²⁰ DV stands for domestic violence.

Figure 42: Two genograms: Irifune

Genogram One



Genogram Two

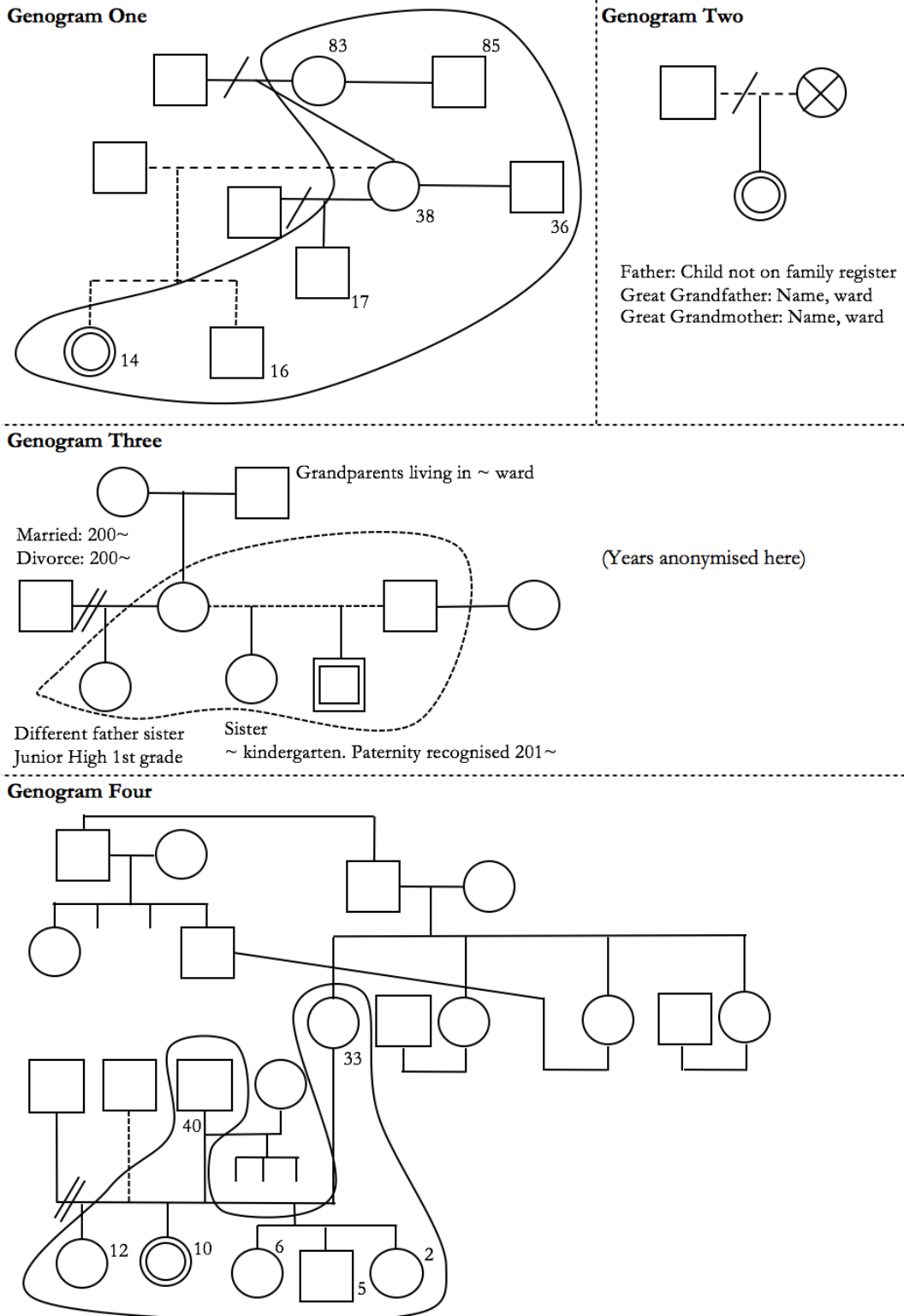


Solid circles in Irifune showed the child's 'home', in the sense of who they physically lived with. Where a child was in institutional care, the circle encompassed only the child (see genogram two), except where the child would shortly return home, where a dotted circle showed the future household.

In Teru the consultation form, which is used to track information and in any meetings where a decision is taken, and the abuse consultation form have a hand-drawn genogram. These included more extended family than Yuno or Irifune genograms, though this does not correspond with a higher rate of kinship foster care. The genograms were more heavily

annotated than in Yuno or Irifune. The caseworker regularly updated the genograms, four of which are shown in Figure 43.

Figure 43: Four genograms: Teru



In Teru, where a child is in care or away at university they were usually left outside the circle, though in one case a runaway teenager was encompassed. The case of Jinpei, whose father was visiting the BIWI but not legally recognising him, is shown in genogram three. Genograms without a circle in Teru were mostly from new caseworkers, suggesting oversight. On occasion, as in genogram two, this denotes the absence of a household.

Having found nothing to contradict the idea of a singular family-bond in the genograms, I turned to the transcripts to seek evidence of multiple family-bonds. To strengthen this test, I looked for multiple household affiliation as well as multiple family-bonds. There were no suggestions of a child having two family-bonds, and only one case where there was a possibility of multiple households.

Yamato, a 13-year-old boy in Irifune, had recently returned home from a CWI. The police brought his case to the CGC as they suspected Yamato of theft and mentioned in passing that he had taken an 11-year-old girl to a love hotel. The aid objectives meeting focused on Yamato's approaching birthday as this would see him reach the age of criminal responsibility. Yamato's parents were divorced and lived in the same neighbourhood. During the meeting a senior manager queried the paperwork, asking, 'Two? He seems to have two addresses... Can he choose where to go?' to which the caseworker replied, 'Not sure, I didn't ask, sorry.'

The lack of clarity may have been the result of the caseworker, who was in their first year, not checking to which home Yamato had returned. Equally, it is possible that Yamato did flit between two households and that this was not considered worthy of further investigation.

This was the only case, of 210 transcripts over three research sites, in which 'atypical' family arrangements were the norm, where there was a possibility of a child belonging to two homes. In some cases, most commonly in Teru, a 'key person', often a grandparent, was identified outside the immediate family. This usually referred either to the possibility of future care or the ability to provide additional support. This relationship was always framed as complementing the child's existing or potential family-bond rather than threatening it.

4.4 The family registration system, divorce and adoption

The construction of the family-bond as singular and discrete is likely to be related to the family registration system, the *koseki seido*. Krogness (2014: 4) explains:

Any modern nation-state needs a civil registration system that collects, records and documents individual civil status and civil status changes, as well as family relations. Such systems in most developed states register by the unit of the individual, but Japan uses the unit of the administrative household, the 'ko' unit.

This system places every member of society into one discrete family unit: every child 'belongs' to one and only one family. This system anticipates that children will be born to a married couple. Where a child is born to a single mother they enter the mother's family register with the father noted, if the mother provides paternity information or the father successfully files for paternity with a court. Where paternity is acknowledged, a note linking to the mother's family register is made on the father's family register but the child is not entered onto the father's family register.

The modern *koseki* system, created with the 1871 New Household Registration Act, developed from the older *ie* system, which organised individuals into lineages or 'stem families' (see Hendry, 2003; Ochiai, 2008). The 1947 Family Registration Act limited family units to two generations and was amended in 1948 to remove the status of the *ie*, the home, as a legal entity. In structuring the relationship between individual and state, the *koseki* system 'developed into "an indispensable element in the formation of the underlying foundations of the civil law system"' (Mukai and Toshitani 1967: 48)' (Krogness, 2014: 3).

There are three characteristics of the family registration system that are relevant here. The first is that 'the ko unit principle makes the registrants perceive themselves as members of the larger ko unit, rather than as individuals. The ko unit is felt to represent family even though it is an administrative construct that often does not represent an actual cohabitating family unit' (Krogness, 2014: 7; see also Bryant, 1990). This allows the family-bond to exist even where the child is raised entirely in welfare institutions. Goldfarb (2012: 113) argues that:

family court conservatism, allowing parents to hold rights even in cases of abuse or neglect, ensures continuity of the household over the long term, which itself can have affective value. By maintaining some aspects of *shinken* [parental rights], a natal parent is able to preserve a connection with a child that is neither about care nor practice nor performance, nor the emotional attachments that might emerge over time in intimate conditions.

The second characteristic is that the *koseki* records 'are in principle publicly accessible' (Krogness, 2014: 5). This creates what Krogness terms 'koseki consciousness', 'a concern with how one's family appears to the surrounding social world... on their koseki document' (2014: 7). Sugimoto argues that this 'works as a powerful deterrent to deviant behaviour as "stains" in *koseki* negatively affect the life-chances of all family members' (2010: 157; see also Krogness, 2014). This includes divorce (Sugimoto, 2010) and childbirth outside wedlock (Hertog, 2008). Discussing a 'baby-hatch' facility, Goldfarb notes that 'the main reason people traveled all the way to Kumamoto to abandon a child was because they did not want to document the child in their family registry, as the child would in some way "dirty" or "taint" it' (2016b: 5).²¹

Despite arguments that changes in the way the *koseki* is recorded and accessed have decreased the importance of keeping the *koseki* 'clean' among younger generations (see Hertog, 2011), the *koseki* system still 'penetrates into the life of every Japanese and controls it in a fundamental way' (Sugimoto, 2010: 156). This is evident in the words of a care-leaver, who never imagined he would marry his girlfriend as '[m]arriage is between two households, and I have none' (Goldfarb, 2012: 161).

The final important characteristic of the *koseki* system is that 'it is the duty of the household to supply data on civil status, civil status changes and family relations' (Krogness, 2014: 5). Goldfarb argues that 'the act of family registration is a performative mode of social recognition' (2016b: 1) that entails rights and responsibilities and notes that 'by *not* registering a

²¹ The *koseki* system also prevents a married couple from having different surnames (Hendry, 2010; Sugimoto, 2010). In 2015, the high court ruled that this did not violate women's right to equality. McCurry, reporting in *The Guardian*, highlighted the comments of Masaomi Takanori, a constitutional scholar, who told NHK that '[n]ames are the best way to bind families... Allowing different surnames risks destroying social stability, the maintenance of public order and the basis for social welfare' (2015). Others fiercely oppose this position (see Serizawa, 2012).

child, the child could be treated as though it had never been born' (2016b: 6, emphasis in original). The case of Jinpei, whose father refused to add Jinpei to his family register, adds weight to Krogness' (2014: 18) conviction that:

The Japanese state's disinclination to interfere in *koseki* registration matters, and the *koseki* system's de facto reliance on trust in terms of birth notification submissions, can be interpreted as a remnant of the Meiji-era control of the population through the authority of the household head (whom *koseki* researchers in the 1950's likened to a family level state bureaucrat). Registration within the *koseki* system documents fundamental individual rights, but given this system's *laissez-faire* character, the state appears to prioritize the household unit the *koseki* produces over securing the rights of its registered individuals.

The *koseki* system creates a boundary demarcating who is 'in' the family and, by extension, who is not.²² As such, the registration of a child into the *koseki* should be understood as a component of the family-bond. This can be understood through what Stasch terms the 'contingency of attachment' (2009).

Goldfarb (2012: 9-10) states:

We also see the sense of kinship relationships being singular, rather than diverse and multiple, in Japanese legal structures: the lack of dual custody systems, for example, requires a single entity as holder of each aspect of parental rights, so that the right to have custody and give care is that of one, rather than dual or multiple, individuals.

To add to this, where the parent with custody remarries it is common for the step-parent to 'adopt' the child, reshaping the family to fit the *koseki* structure.

²² Ronald, referencing Futake (1989) and Hendry (1992), suggests that aversion to duality in Japan may be linked to the 'greater significance' accorded to the concepts of *uchi* and *soto* (2011: 176). Clear demarcations are found in the lack of dual nationality, and even in debates on the binary nature of death, prompted by medical advances related to brain death (see Lock, 2008: 489-496). Ronald (2011: 176) argues that:

outside (*soto*) places and categories are [constructed as] dangerous and alien, and that individual security is accomplished through the integrity of the inside (*uchi*) community. This requires a strict regulation of inside and outside classifications and involves considerable identification with, and subjugation to, the interests and authority of members of one's *uchi*.

Hendry (2003) argues that the need to retain harmony within the *uchi* acts a powerful agent of 'social control', that promotes conciliation over recourse to *soto* legal actions. These factors may impact upon the willingness of the state to intervene in the family and in the use of welfare institutions. I have not explored *uchi soto* further as these concepts did not arise in my analysis. They are acknowledged here as a potential analytical tool for other researchers.

Article 817-9 of the Civil Code on special adoption also makes this in/out demarcation clear, stating that the 'legal relationship between an adopted child and their natural parents and blood relatives shall be extinguished by special adoption'. The child is removed from the natal parents' *koseki* and placed onto the adoptive parents' *koseki*, with a discreet note acknowledging that the child is adopted.

Some countries have an 'open' adoption system, allowing the child to maintain a degree of contact with their natal parents.²³ Siegel explains this transition in America, from 'a world in which adoption agencies and the general public strongly believed that maintaining absolute secrecy and cutting off all connection with the child's birth family were essential for protecting the child's emotional well-being' (2012: 43) to a system where 'some agencies offer only open adoption, based on the view that secrecy and cutoffs in adoption are not in a child's best interests' (2012: 43). With one exception, discussed below, open adoption does not occur in Japan.

The construction of the family-bond as singular and discrete is not fixed or uncontested. Goldfarb documents one adoption organisation, Wa no Kai,²⁴ which 'maintains that the birth mother *must* remain in the child's life, because the *child* chose to be born to the birth mother' (2016d: 55, emphasis in original). Similarly, Arimura, a professor and MHLW advisor, noted in our correspondence on joint custody that 'with the increase in divorce, there is now debate around this' (personal correspondence, 2016, January 23).

It is possible that over time these debates and challenges to the boundaries of the 'norm' will lead to change in the construction of the family-bond. At present though, in relation to the family registration system, divorce, and adoption, a child can only belong to one family.

²³ The UK government (2017) explains this to natal parents: 'Depending on the child's situation, you may be able to stay in contact with them. This is often done using letters and photographs (and sometimes meetings)'

²⁴ The Yomiuri Shinbun investigated Wa no Kai over their fees. The original article is no longer available online, but is discussed in a blog post on REFORM (2013).

4.5 Foster care and the family-bond

This section has argued that the family-bond is constructed as discrete, singular and exclusive, and that there is little space for ambiguity here.

Foster care exists in this ambiguous space and thus presents a challenge to those implementing policy. Whether constructed as a proxy for adoption, with care built upon a family-bond, or as semi-professional care in a home, foster parents provide care in a family environment and can thus be seen as a threat to the child's family-bond. Goldfarb (2012: 47, emphasis in original) argues:

It is precisely the *contingent* and created forms of kinship between foster parents and children that seem to threaten natal parents with the permanent loss of their child. This tacit understanding of the performative power of caregiving motivates the tendency to place children in children's homes [CWI] if there is any possibility of that child's reunion with biological kin.

This thesis adds nuance to Goldfarb's account of foster care, which is shared by Omori (2016) and argues that foster care is not necessarily a threat to the family-bond. Chapter 7 explores how the function of foster care is constructed differently in the Teru and Irifune CGCs and the impact this has on policy implementation.

Having established that a child can only have one family-bond, this chapter next addresses the CGC staff's fears of damaging this relationship.

5. II: Removing a child from the family risks destroying the existing or potential family-bond

With 19 children entering care per 10,000 (calculated from MHLW, 2016a), Japan places the fewest children into care of any OECD nation (Ainsworth and Thoburn, 2014: 18). Bamba and Haight explain this with reference to *mimamori*, a concept they define as 'watching over children warmly as a protective figure with minimal adult interference' (2009b: 797). Bamba and Haight (2009b: 805) argue that:

Although Japanese child welfare workers in our study recognized that keeping family contact can be problematic when parental maltreatment continued, they did not seek the involuntary severing of family ties. Instead, they watched over (*mimamoru*) both children and their families attempting to make adjustments to minimize the potential for maltreatment.

While I did find examples of a 'light-touch' approach to social work, Bamba and Haight's *mimamori* is descriptive rather than explanatory. This section uses case studies to argue that the decision to leave a child in an abusive household is sometimes due to the lack of judicial support and sometimes understood as being in the child's best interest.

One of the most challenging things during fieldwork was to sit silently in meetings where children were returned home despite significant risk of further abuse. In one case Ayame, a 13-year-old girl, was returned to her mother, who claimed not to have known that she had been raped for years by her step-father, despite this resulting in a stillbirth. Ayame's IQ was low enough to entitle her to a disability handbook and reminded senior managers of a similar case where a girl had been returned home and then further sexually exploited, this time outside the home.

In another case Hideo, a 2-month-old boy, was returned to his mother who was 'on meth'. The CGC was wary of the mother as 'a child [had] died in a previous relationship' in unclear circumstances.

In a third case Chiyoko, a 15-year-old girl with an IQ of just over 60, was returned home following sexual abuse from her younger brother and in the belief 'that there may have been some issues with her stepfather'.

In a fourth case Kenji, a newborn, was returned to his mother, who had admitted the abuse that left him hospitalised with serious head injuries. The mother had mental health issues and was turning to alcohol over medication. My unspoken concerns were voiced by a clinical psychologist, who queried, 'If the head is hit, this is very serious child abuse. Are we ok just having support at home? Do we need to take the child into care?' The caseworker responded, 'For now, I think we need to investigate more and support.'

In Ayame's case the step-father had left and the mother's responsibility could not be categorically established. In Hideo's case his mother had voluntarily placed him into care, and a lack of evidence of abuse meant that the CGC had no legal grounds to prevent her removing him. In these cases, in the words of one caseworker, there was 'basically no other choice'.

The CGCs did have a choice with Chiyoko and Kenji, yet did not pursue parental consent for a care placement. So why did the CGCs place these children back into potentially dangerous situations?

The case of Daiki, a 2-year-old boy in Yuno, sheds light on this puzzle. Internal disagreement led the CGC to take the case to the monthly meeting of the subcommittee of the Yuno social welfare and public health committee.²⁵ The decision to return Daiki home, despite concerns over abuse, hinged on the fear that removing him could destroy his family-bond.

Daiki lived with his mother and her new husband, who had adopted him. Daiki had been hospitalised under a temporary care order following physical abuse, reported by his nursery. The adoptive father admitted the abuse but said it had not happened before. The mother told the caseworker that she had not seen the abuse happening.

The caseworker, who wanted to return Daiki home, had instructed the parents to complete a 'Common Sense Parenting' (CSP) course, and stated that the parents have 'started to show understanding that the way they had acted until now wasn't correct'. The caseworker requested guidance on 'if can return the child home as the parents are doing very well, but is a high-risk situation as is someone who didn't recognise what was abuse before [and the] adoptive father is a violent type'. The caseworker noted that parents want Daiki home, which was indicative of a strong family-bond, and that they were open to continuing CGC guidance, which was seen as positive for Daiki's safety.

²⁵ Yuno used this committee in a more comprehensive manner than Irifune or Teru. The strategic advice given in this case, cut from the discussion below, focused on developing capacity to assess how risk has changed after an intervention.

The nurse, who wanted Daiki to enter care, questioned the strength of the family-bond, stating that '[t]his child seems a bit like an accessory for couple, and now the child is not there it is affecting their relationship a bit, unbalancing them a bit, so is possible they are working very hard in CSP to get child back to be back to normal rather than [long pause]'. The nurse also highlighted that Daiki had been hospitalised previously with head injuries, apparently sustained in a car crash where he had not been wearing a seat belt.

The CGC had run police checks on the adoptive father as he had told the caseworker that his children from a previous relationship had been taken into care due to neglect. The caseworker noted that 'the dad is really shaken up by not being able to see his own children. [He] wants to raise [Daiki] as his own. [They] don't want their own children yet, [they] want to focus on [Daiki]'.

The committee initially focused on what concrete support the CGC would offer if Daiki was returned home. The caseworker responded:

Support [pause]. They are really really doing their best in CSP, really reflecting on themselves, their own shortcomings and strengths. If [Daiki] goes home, we would do some support, such as trying to focus on rebuilding [the parents'] relationship with the nursery. Support [pause]. But in terms of practical hands on [pause]. In CSP, they have done three. Is a six-part course, we can make them finish the course even if we return the child home now. Think they would want to finish the course. We can also insist the child goes back to nursery.

The discussion next turned to the anticipated duration of a care placement. This makes explicit the fear that removing a child risks breaking the family-bond.

CM:²⁶ If you place in a child welfare institution, would be planning to go back home after right?

CW: Yes.

CM: What age would you want to place into child welfare institution until?

CW: I think now is the best chance for the child to go back home. There is real possibility that the parents may think the child is dead to them if the CGC takes him from them.

CM: They are young right, so could have own child right?

CW: Yes.

²⁶ Committee member.

Here the actors must evaluate the risk of social death, of Daiki being 'dead' to the mother and adoptive father, a fear exacerbated by the parents' ability to have another child, against the risk of biological death, a fear exacerbated by the minimal support on offer.

A committee member, seeking compromise, argued the 'need to confirm the mother and child's relationship' as the child had been born into an abusive relationship, and suggested that 'if you place into a CWI for a year, could do group work etc.'. The caseworker suggested that this work occur from temporary care, rather than a CWI, though noted that this would require the breaching of the national guidelines of two months.²⁷ A committee member said 'one more month perhaps, but what will you actually do in this one month?' to which the caseworker responded, 'We can see how the parents develop in a month.' After collective giggles of embarrassment, the committee chair responded, 'We want a clearer plan of care, but I think we can extend the temporary care here.' The caseworker concluded, 'If we do send the child home and it goes wrong again we will use Article 28 [to partially suspend parental rights for two years] and will make this clear to the parents.'

Despite grave concerns over abuse, the lack of concrete support for the family, and doubts over the strength of the family-bond, Daiki was returned home. Here the fear of cutting the family-bond outweighed the fear of death or further abuse.

Critically, in the position where 'the parents may think the child is dead to them if the CGC takes him from them', the risk is understood as being to the child, who could be abandoned, rather than to the parents, who could have another child. The decision to return Daiki is understood as being in his best interests as it reduces the risk of *his* family-bond being cut. This nuances arguments about the prioritisation of parental rights over children's rights (see Tsuzaki, 2009), and foster parents' concerns that CGCs prioritise parents' wishes over children's needs.

²⁷ Yuno assigned this guideline more weight than many other CGCs.

In other cases, such as Ayame's and Hideo's, the CGC does not feel that they have this choice. This is connected to the limited role of the judiciary and the weight assigned to protecting the family-bond by the courts (see Chapter 4). The case of Ryota, a 3-year-old boy in Teru, highlights this discrepancy between the CGCs and courts.

Ryota is in hospital on a temporary care order after his mother tried to kill him and commit suicide by jumping in front of a train while holding him. Both survived, though Ryota may lose a limb. The CGC also has reservations about Ryota's father, who suffers from depression and has a conviction for stabbing. An aid objectives meeting was convened to prepare for the different possible outcomes of the court hearing.

The CGC considered it likely that the judge would absolve the mother of responsibility due to her mental health issues and order her to return home after being discharged, either as an in-patient at a mental health clinic or after a period of hospitalisation. The CGC was concerned about both Ryota's safety and the impact his mother returning home would have on him. One senior manager said, 'There is a gap between what the court thinks is OK and what we think is OK for the child.' The CGC's minimum desire was to help to 'reacclimatise the child to the mother, rather than her just suddenly moving back in', a position shared by the father.

While extreme, Ryota's case is indicative of the challenge CGCs face in removing children or preventing them being returned home. The absence of an interventionist judiciary forces CGCs to rely on parental consent. Even where the courts are involved, there is often a discrepancy between the court's and the CGC's evaluations of the importance to be assigned to the family-bond.

Goldfarb argues that 'for many in Japan, bonds between families—*ketsuen*, the ties of blood—*should* be seen as inviolable, the most obligatory of social bonds' (2016d: 58). There are several possible explanations for the importance afforded to the family-bond by the CGCs. The first is that '[i]n contemporary Japan, exclusion from "normal" family forms often results in

exclusion from caregiving relationships that last over time' (Goldfarb, 2012: iv). The second is that historically, CGCs are 'institutions that give advice about children but not to them' (Goodman, 2000: 36).

The third possible explanation relates to the *koseki* system, which built on the *ie* system of lineages. Despite legal changes, Hendry notes that 'the notion of the *ie* continues to be held... and... its underlying principles pervade the nuclear families which appear on the surface to be quite independent' (2003: 30-31; see also Bryant, 1990). Bamba and Haight argue that this results in a situation where the 'loss of family for maltreated children would represent not only the loss of specific relationships with parents, but would disrupt a culturally significant sense of continuity with previous and future generations' (2009b: 798). Krogness also argues the perceived importance of the family register, citing respondents who describe their *koseki* as '*jibun no ibasho*', the place where I have a sense of belonging.

The *koseki* is also sometimes seen as essential for the person to be recognised by society; discussing children abandoned in the Kumamoto 'baby-hatch', Goldfarb acknowledges critics of the facility who felt that 'while the child would indeed be alive... a child lacking all knowledge of origin—concretely, a child existing outside of a normal family registry—would not be a socially recognized person in some of the ways that matter most in contemporary Japan' (2016b: 1).

The final explanation for the importance of the family-bond is that its singular nature increases its value: cutting *the* family-bond poses a greater threat than cutting one of multiple family-bonds would. The threat of a child being left with no family-bond is amplified by the belief that children are unable to form a new family-bond after a certain age. The next section discusses this threshold.

6. III: Children are unable to form a family-bond after a certain age

6.1 Children: Infants, toddlers, and juveniles

Article 4 of the Child Welfare Act defines a child, *jidou*, as being under 18 years old.²⁸ Within this it distinguishes infants, *nyuuji*,²⁹ as under 1 year old, young children, *yoyji*, as between 1 year old and the commencement of primary school, and juveniles, *shounen*, as between the commencement of primary school and 18 years old.

Children enter primary school at 6 years old, junior high school at 12 years old, and high school, which is not compulsory, at 15 years old. These transitions closely mirror Stoetzel's (1955) work, which found the word *kodomo* used from birth to age 6, *shonen* from 6 to 15, and *seinen* from 15 to 20 or marriage (Goodman, 2012).³⁰ The Child Welfare Act does not correspond to Article 4 of the Civil Code, which states: "The age of majority is reached when a person has reached the age of 20."³¹

6.2 Age and adoption

The special adoption system (Civil Code Article 817 subsection 5) was implemented in 1988. The system is concisely explained in a Ministry of Internal Affairs and Communication memo: 'In principle, when custody of a child under six years old is extremely difficult or inappropriate, the special adoption system establishes a stable, legal, child parent relationship that conforms to a true child parent relationship for the welfare of the child' (2015b: 2). This age threshold is

²⁸ There is an array of transition ages in Japanese legislation. The voting age is 18, having been lowered from 20 in 2016, compulsory education ends at 15, men can get married at 18, women at 16, criminal responsibility is 14, and the national holiday for the coming of age ceremony celebrates those who have turned 20. Youth must leave care at 18, though this can be extended in specific circumstances until 20.

²⁹ A provisional government translation uses 'infants'. In BIWI, *nyuuji in*, I translate this as babies and infants.

³⁰ Age 7 is also an important transition, with children seen as more fully formed at age. This is marked in traditional *shichi go san* ceremonies (see Seki, 1958; Sofue, 1965; Takeuchi, 1952).

³¹ This causes issues for care-leavers, who are unable to sign contracts for mobile phones or apartments (HRW, 2014; interviews with care-leavers, 2012).

extended to 8 where a child has been cared for by the adopting parents prior to turning 6 (Article 817-5).

Tokunaga (2012) gives an overview of the reasons for this age threshold. These include that 'it corresponds with the age division in education legislation' (Tokunaga, 2012: 81), politicians' concerns that, '[t]o raise a child who has started primary school and entered into society as a new child of your own will normally cause problems' (Tokunaga, 2012: 81), and a policy-learning connection with Italy, where the threshold is 8 years old. Tokunaga (2012: 81) cites counsellor Hosokawa (1988: 83), a senior bureaucrat in the Ministry of Justice at this time, who stated:

it is impossible for us to make a relationship like that of a real parent and child for elder children. Moreover, special adoption results in the natal parent child relationship ending. Simply put, this cuts³² the legal relationship between the parent and child so for a small child you can understand this, but when a child enters school and starts to gain social discernment the question arises as to whether it is always appropriate to do such things. So, from that we determined that special adoption was suitable for a child prior to them entering school and we made these restrictions.

Despite these arguments, some politicians considered this threshold too low and, when debated, the possibility that it would be raised after legislation was passed was offered (Tokunaga, 2012). Tokunaga herself argues that this threshold should be raised so that adoption can play a greater role in alternative care (2012).³³

The age threshold also matches the distinction between toddler and juvenile in the Child Welfare Act. The distinction made here and by Hosokawa has permeated practice. In the CGCs children are often labelled by school grade rather than age. The institutionalisation of this transition age into adoption legislation may have contributed to the age threshold until which children are understood as being able to make a family-bond. The possible impact of this on

³² Here the word *kitte-shiman* is used. This means both completely cut and to cut with regret, an ambiguity that is hard to translate.

³³ 31.5 per cent of the 3,000 respondents to a 2016 survey, who were told the current threshold, felt that adoption should be limited to children under 6 years old (The Nippon Foundation, 2016).

the use of foster care is explored in the following section, after a brief discussion on normal adoption and the adoption rate.

From the age of 15 a youth may be 'adopted' into a family without parental consent under the normal adoption system.³⁴ Normal adoption here is 'a contract between consenting adults... The adoptee, usually an adult male, agrees to carry forwards his new family's name in return for an inheritance' (Mehrotra et al., 2013: 842).

Where the adopter is the child's grandparent or step-parent 'normal adoption' can occur, under Civil Code 798, before the child turns 15 years old. Under 0.4 per cent of all adoptions in 2004 were 'special adoptions', with a further 1.2 per cent by grandparents or step-parents under 'normal adoption' legislation (see Table 23).³⁵ The remaining 98.4 per cent of 'adoptions' were of adults.³⁶

Special adoption extinguishes the existing family-bond (Civil Code Article 817-9). Upon completion of special adoption, a reference to the natal parents' family register is made on the adopting family register, though the details of the relationship are not listed. In normal adoption, the natal parent and child's relationship is listed on the family register of the adopting family.

Mehrotra (2013: 842) notes:

Ordinary adoption sanctifies the voluntary severing of most, but not all, ties to one's birth parents and their replacement with fealty to new parents. The adoptee may contact his birth parents, and even inherit from them. If the adoptive relationship is disrupted, the adoptee may return to his biological parents.

³⁴ Mehrotra et al. (2013) link this age to 'the age of consent'. This is not correct: the age of consent is 13 years old though it varies, above this threshold, by local authority (Penal Code (Act No. 45 of 1907), Article 176 (on Forced Indecency), Article 177 (on Rape). Confusingly, Article 177 only applies to females).

³⁵ Moriguchi (2010) notes that about half the special adoption applications in the first two years were applications to convert normal adoptions to special adoptions.

³⁶ Bryant argues that Civil Code Article 811, which is aimed at cancelling normal adoption of children, poses a 'danger for child adoptees... If agreement is reached between the adults involved, a child can be moved into and out of adoptive relationships without any judicial supervision of the adults' decisions' (1990: 333).

Table 23: Adoption statistics. 1955-2004

	All adoptions	Special adoptions	Ordinary adoptions of minors	Total adoptions of minors	Total adoptions of adults
	<i>yôshi</i> <i>engumi</i>	<i>tokubetsu</i> <i>yôshi</i>	<i>miseinen</i> <i>yôshi</i>		
1955	101,963	0	26,983	26,983	74,980
1965	82,176	0	15,018	15,018	67,158
1975	86,844	0	6,771	6,771	80,073
1985	91,186	0	2,804	2,804	88,382
1990	82,007	738	1,502	2,240	79,767
1995	79,381	521	1,111	1,632	77,749
2000	80,790	362	994	1,356	79,434
2002	85,674	350	960	1,310	84,364
2004	83,505	332	998	1,330	82,175

Source: Mehrotra et al., 2013: 842

There are two reasons why 'normal' adoption practice does not contradict the construction of the family-bond as singular and discrete. The first is its contractual nature (Bryant, 1990), which parallels marriage. Indeed, the term for breaking an adoption, *rien* (breaking of ties/connection), is also used for divorce. The second, related reason is that non-kin adoptees are understood as 'formed' adults exercising their volition.

Kinship normal adoption represents two scenarios. In the first, step-parents are conforming their legal relationships to the *koseki* family model. In the second, grandparents are taking formal control over a grandchild in their care. The limited evidence I have suggests that this is done to take on the role of parent at the exclusion of, or to fill in for the absence of, the parents, rather than to create a second family-bond.

Goldfarb (2012) and Omori (2016) argue that some foster parents prefer normal adoption to special adoption as it lets the child make the decision to join the family and avoids imposing a sense of obligation toward the foster parents' future care needs.³⁷ While this may be

³⁷ One caseworker noted that there is a spike in adoption enquiries every year following the national holiday where people go to visit their family graves. The caseworker 'joked' that these people are worrying about who will look after their graves when they die.

true in some cases, the low number of children eligible for adoption means that this is not a choice most foster parents get to make.

The low rate of adoption in Japan is an issue of 'supply' rather than 'demand'. As noted in Chapter 4, in 2015 parental rights were cut 21 times nationwide. This figure, which covers children of all ages, shows that the only children eligible for adoption are those whose parents have voluntarily ceded parental rights. This is rare, with natal parents instead preferring to leave open the possibility of family reunification.

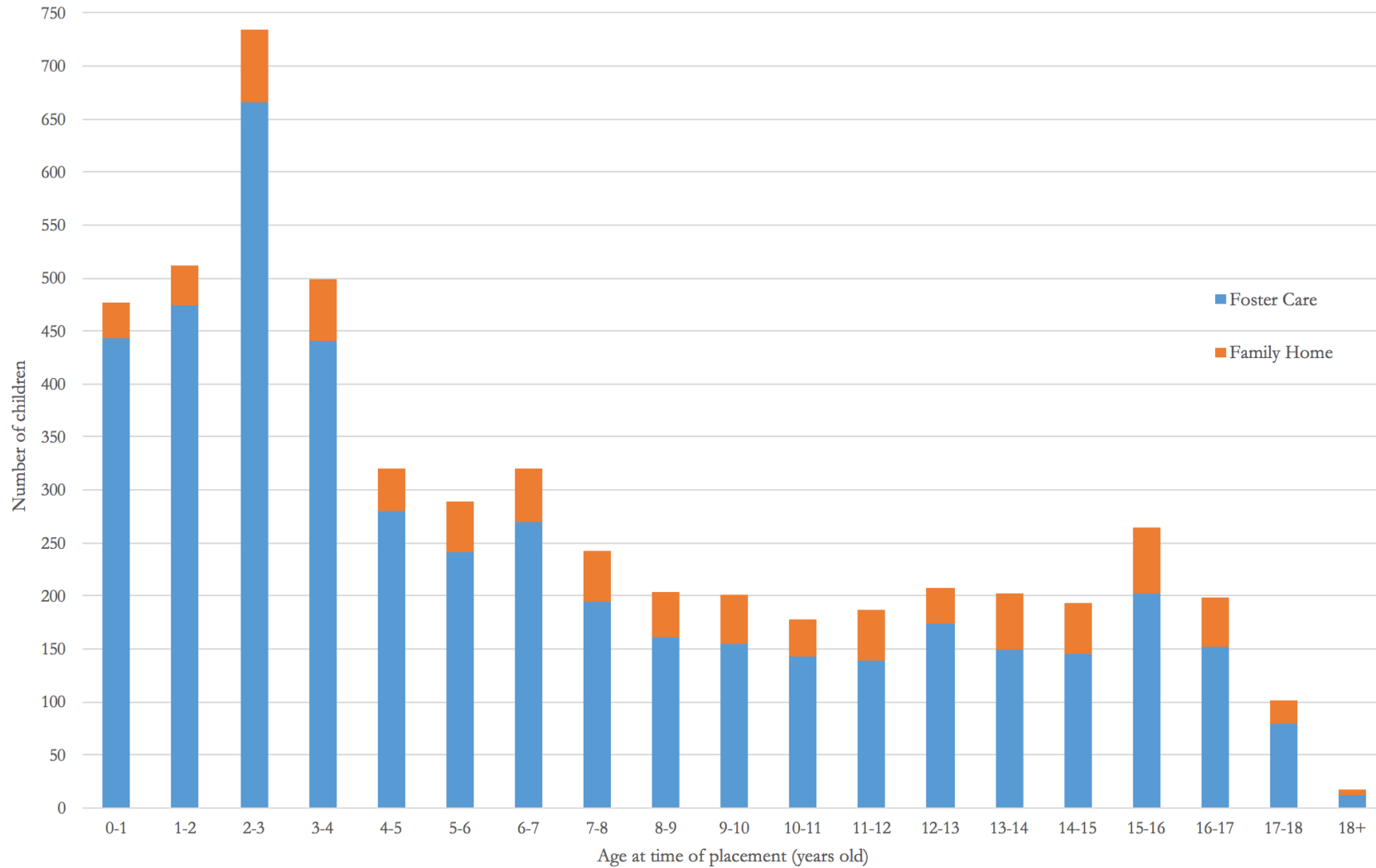
The 'demand' for adoption can be seen in the 2008 survey on the motivation of foster parents, which found that '31.4% of foster family households answered that they 'want to raise children' [and] 21.8% said that they 'want to adopt children' (Omori, 2016: 226). It can also be seen in the long waiting lists for adoption in the CGCs I visited. Cultural explanations for the low number of adoptions (see for example Hayes, 2008: 90) fail to explain this 'demand'.

6.3 Age and foster care

Where foster care acts as a proxy for adoption, we would anticipate a drop in the number of children placed into foster care around 6 to 8 years old. Nationwide data (Figure 44) does reflect this. This data also shows a rise in the use of foster care for 15- to 18-year-olds. For this age-group foster care is understood as a 'boarding house' (see Chapter 7). Family homes, which a prefectural hall bureaucrat described as having 'a scent of institution about them' (interview, 2012), make up a higher proportion of foster care placements for children over 8 than they do for children under this age.

To find the threshold at which a child is no longer understood as being able to make a family-bond, I analysed cases where children over 8 years old entered foster care. In these cases, foster care is not constructed as being based upon a family-bond, the child is understood as different in some way, or the CGC sees its role differently. The placement decision for Natsuko, a 10-year-old girl who entered foster care in Yuno, was shaped by all these factors.

Figure 44: Age at time of placement into foster care or family home. Nationwide, in care on February 1st 2013 (1)



Data Source: MHLW (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryou)*. 2016, January: 74

Natsuko was seen as having a weak family-bond. She had been in a BIWI from 2 to 3 years old and a CWI from 5 to 8 years old. At 10 she wanted to re-enter the CWI after severe physical abuse. Recounting the case, the caseworker explained:

Everyone thought CWI again. But, we started to think, she will become an adult and never know a normal household. So, we should try foster care, but we need a foster parent... with real power. It [was] her final chance to have a foster parent, experience of a household. The child actually wanted to go to a CWI as had spent half their life there but, we worried she wouldn't be able to do attachment, this could be the last age she gets to make trusting relationships with adults. As kids get older it is harder to do this.

The caseworker continued:

She is doing really well at foster care now. The foster parent is *Tenri-kyō*. Most foster parents would say no, no confidence and so on, but this person said no problem at all, please let us care for her. The debate [in the CGC] was that the child had an image of the CWI. If the foster parent got sick tomorrow was no one who could care for her. If they have an argument in the house how will she do. Worried about her being in a personal space, rather than a CWI. If she ran away, if got involved with the police etc. If this foster parent hadn't been available would have been CWI. I don't know what will happen from now, may not go well, but even if doesn't then still have this experience.

The conclusion, on this being a beneficial experience even if the placement breaks down, contrasts sharply with CGC fears of foster care placement breakdown where care is built upon the family-bond. In all the CGCs I visited, a placement breakdown in foster care was normally constructed as far more damaging to the child than a placement breakdown in institutional care. Here, the gamble to place Natsuko into foster care was offset by the lack of a family-bond between Natsuko and her parents, by the responsibility the CGC felt for having not placed Natsuko into foster care earlier, and by the construction of this *Tenri* foster parent; see Chapter 2.

Here the CGC hoped that Natsuko would be able to form *an* attachment to the foster parent,³⁸ to provide a template for relationships with adults, but did not construct this as being

³⁸ The terms *aichaku*, attachment, and *aichaku shōgai*, attachment disorder, are increasingly frequent in alternative care discourse, though one CGC head noted that 'in Japan biological attachment is prioritised over attachment as understood in a clinical sense' (interview, 2015). Mclean et al. (2013) document that the gap between the meaning assigned to 'attachment' between practitioners and academics is also found in Australia.

based upon a family-bond. Natsuko's caseworker alludes to this distinction, wanting Natsuko to 'know a normal household' and to have 'experience of a household', rather than to become a member of the family or household. This language is typical of cases of children aged over 6 to 8 entering foster care, with regional variation in this threshold discussed in Chapter 7.

7. Conclusions

This chapter has established that the family-bond is understood as a fluid, contested construction of legal bonds, blood bonds, bonds emerging from the embodied practice of care, facilitated at times by an acclimatisation process, a sense of belonging to a place, which may extend to belonging to a family register and perhaps even a lineage, familial love, and expectations around future support.

The construction of the family-bond as singular and discrete serves as a 'cognitive lock' (Beland and Cox, 2011: 14), setting the parameters within policy can be implemented. It is likely that lack of professional training and the devolution of power to local authorities amplifies the impact of this 'value'.

This chapter also established the three key characteristics of the family-bond: that a child can only have one family-bond, that removing a child from the family risks the family bond, and that there is an age threshold above which the child cannot form a new family-bond. These characteristics contribute to our understanding of the low rate of children entering care and, when coupled with an understanding of some foster care serving as a proxy for adoption, the low foster care rate.

This construction also sheds light on a puzzle that Goodman raised during my fieldwork: why are children returned to abusive families with the hope that things will get better, and not placed with foster carers in the fear that things may go wrong? Daiki's case showed us that the decision to return children to potentially abusive families is often constructed as being in the

child's best interests, by safeguarding their family-bond. The evaluation of the risk of 'social death' against the risk of 'biological death' varies across local authorities.

The singular nature of the family-bond helps us to understand the importance afforded to it. This can be seen in the greater fear of placement breakdown in foster care than in institutional care, as well as in the lengthy *kōryū* process. This also helps us to understand the 'holding role' played by welfare institutions, in allowing the family-bond to exist in a suspended state.

Paradoxically, the importance given to the family-bond weakens the capacity of the CGCs to develop it. The lack of judicial support, in part related to the importance assigned to the family-bond by the courts, means that most placements are made with parental consent. This affords almost no control to CGC staff, who are thus wary of contacting the natal parents as this risks them removing the child from care before the CGC feels this is safe. This explains the contradiction of welfare institutions being used as a holding space to allow family bonds to develop while little, if any, work is done with the parents.

In a position shared by Doi, the head of Human Rights Watch in Tokyo, Bryant (1990: 328) highlights another effect of the reliance on parental consent:

To the extent disputes are siphoned off through mediation, they do not become precedents that reflect alternative solutions to similar problems or changes in attitudes about appropriate solutions. Accordingly, there may well be considerable stunting of case law development.

Possible changes to joint custody and the recent focus on attachment in a clinical sense may eventually create a space in which a child is seen as being able to have two family-bonds. Similarly, the increased use of foster care itself may also contribute to this 'widening' of the construction of the family-bond, which could create a positive self-reinforcing feedback loop allowing more foster care to be used.

The importance of recognising underlying values to ensure that policy change leads to the desired results is well evidenced (Pfau-Effinger, 2005; Small et al., 2010). The ongoing

changes to legislation and guidelines aimed at developing the use of foster care do not take the construction of the family-bond laid out in this chapter into account. For these attempts to be successful, either the construction of foster care as based upon the family-bond, discussed further in Chapter 7, or the construction of the family-bond outlined here, must be addressed head on.

Chapter Six. The impact of regional variation of resources on policy implementation

1. Introduction

Having established the shared context, the next three chapters examine the factors that shape regional variation in policy implementation. Following the theoretical framework established in Chapter 1, these examine the impact of regional variation of resources, norms and organisational cultures.

This thesis does not aim for a ‘one for all implementation theory’ (Winter, 2006: 158), a goal that Winter describes as ‘utopian’, and that Hill and Hupe argue ‘may even inhibit the creativity that comes from diversity’ (2014: 80). Nor, following Winter (2006), does this thesis evaluate the relative importance of these three factors. Instead it sees these factors as interacting, with the CGCs’ organisational cultures, themselves shaped by beliefs and resources, understood as playing a critical mediating role between beliefs and resources.

These chapters consider *what* differs and *why* these differences occur. This builds on Collier’s (2011) work on process tracing, which distinguishes two types of theory. The first builds on ‘recurring empirical regularities’, connecting ‘them as a set of insights into “a particular behavior or phenomenon” (Waltz, 1979, 2)’ (Collier, 2011: 824). Here Collier draws on Mahoney (2010), who emphasises description as a foundation to process tracing. The second is what Collier terms ‘an explanatory model’ (2011: 824). This ‘entails not only inter-connected empirical regularities... but also a set of statements that explain them, that is, offering explanations of *why* these regularities occur’ (Collier, 2011: 824, emphasis in original).

These chapters focus on two of my fieldwork sites: Teru, which has a high foster care rate, and Irifune, which has a low foster care rate. Data from Yuno and national data is used when it provides insight or perspective.

Any exploration of policy implementation that does not consider resources risks attributing credit or blame to street-level bureaucrats who are not acting with *carte blanche* (Meyers and Vorsanger, 2003; Brodtkin, 1997). The literature review introduced work that speaks to the importance of resources here, including Miwa (2014; 2016), who establishes a relationship between a local authority's foster care rate and the caseworkers' average caseload.

This chapter looks at the impact of five different categories of resources on policy implementation: the physical geography of the CGC; the local political attention on alternative care; the capacity of care providers, divided into physical capacity, demand, and the perceived quality; the capacity of the CGCs, including the number of staff working on foster care and their level of expertise; and external actors, including NPOs and the foster care specialists within welfare institutions.

2. Physical geography and the CGCs

Every CGC implements policy within the physical geography of its jurisdiction. This space is relatively static, though can change with the creation of a new local authority, such as Kanazawa City in 2007, or the establishment of a new CGC and the re-designation of jurisdictions within a local authority. To protect anonymity, physical geography is discussed in relative rather than absolute terms.

Teru is, as Figure 45 shows, under one tenth of the size of Irifune. Despite this, the population of each is almost identical (see Figure 46). There is more than one CGC in Irifune, though each CGC covers a much larger jurisdiction than the Teru CGC. Irifune also has many islands. The foster care caseworker noted that a visit to a foster parent can entail catching the 5am ferry and not returning until 11pm. This limits the caseworker's ability to support and the local authority's ability to recruit foster parents. Conversely, Teru's compact geography means that CGC staff can easily reach anywhere within its jurisdiction, increasing their capacity to provide foster care services.

Figure 45: The relative size of Teru and Irifune

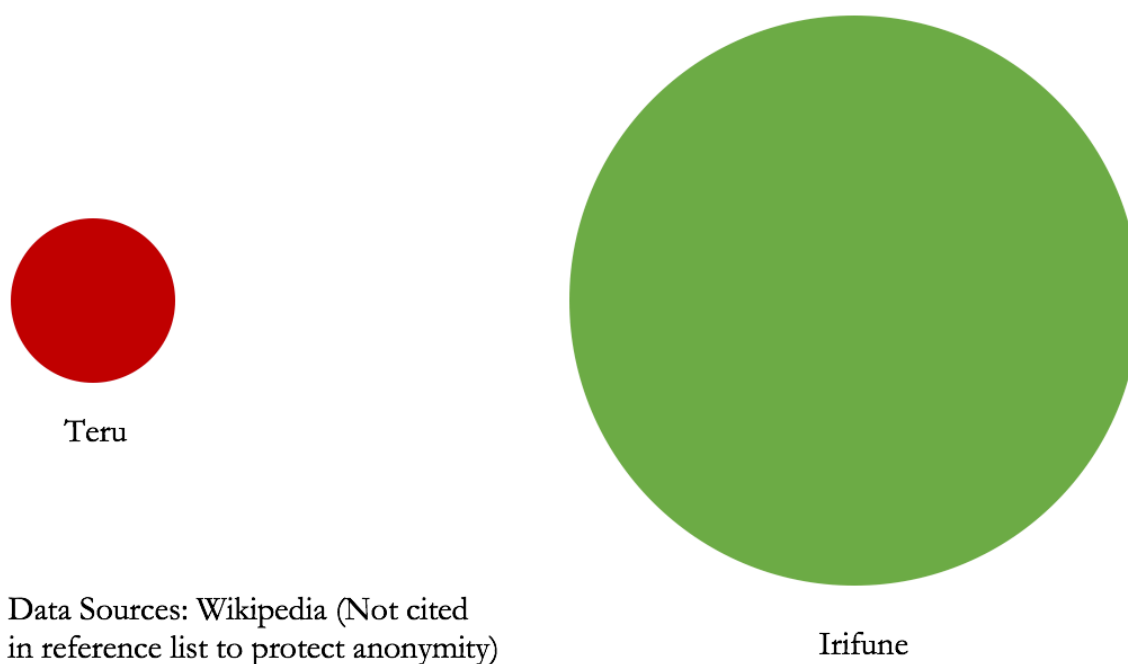
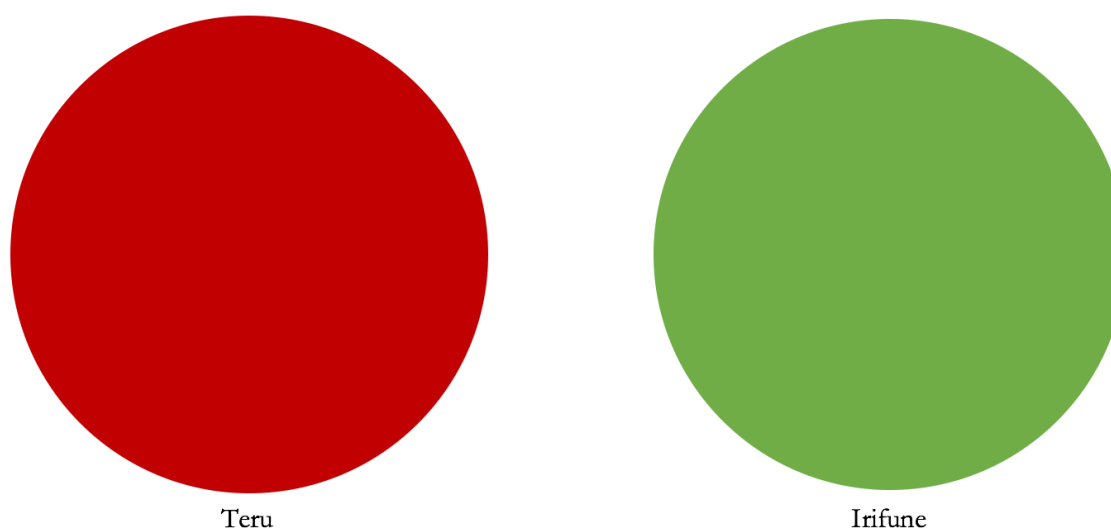


Figure 46: The relative population of Teru and Irifune



Data Source: National census. 2010, October 1

It is hard to examine these relationships on a national level. The relationships between the foster care rate and the total (land) area ($p = 0.124$), the total population ($p = 0.345$), the total population under 15 years old ($p = 0.270$), the total population density ($p = 0.269$), and the density of the population under 15 years old ($p = 0.228$) are not statistically significant. Yet

these figures do not account for the number of CGCs or the geographical jurisdiction of each CGC as the foster care rate is not available at the CGC level.

While we cannot speculate at a national level, physical geography was understood as important in all three of my fieldwork sites, in relation to how the CGC understands their capacity to provide foster care services and in relation to their strategies to developing these services. In Teru the local authority has invested within the CGC, while Irifune has outsourced foster care recruitment and training to a BIWI. Explaining this decision, discussed further below, Irifune CGC staff referenced the large geographical area that they cover as important.

The relative strength of each CGC to their local authority hall may also be affected by the population and geography with which they work. A large CGC covering a large population may have more weight in local negotiations than a small CGC covering a small population in a large rural area. This is discussed further below.

3. Political attention

The importance of local political attention is highlighted in an MHLW specialist committee for the promotion of foster care report, which highlights one local bureaucrat's comment that '[t]here has been a U-turn from what we did until last year. With one word from the governor we got a budget' (MHLW SC, 2016: 105).

Miwa (2016) argues that the lack of political attention at the national level until 2000 resulted in national change being incremental in nature. The limited evidence I have from interviews suggests this is also true at the local authority level. Here we need to consider two factors: the nature and the strength of the attention. The governor may be pro-foster care, pro-institutional care, ambivalent, or unaware of this issue. The strength of this position will contribute to whether political attention results in changes to the budget or in 'political signalling' (see May and Winter, 2007).

There are differences in political attention between my fieldwork sites. Teru's vice-governor in the mid-2000s wanted to promote foster care. This led to the appointment of Sano, who was known for his reform work in mental health care, as CGC head.¹ These actors then successfully pressed for the CGC to secure part of a windfall from the privatisation of nurseries, which was largely allocated to developing foster care services.

The Teru CGC still enjoys political support, in part due to the perception that the CGC is doing a 'good job'. This increases the probability that the CGC's requests are received positively by the local authority hall. This has allowed the CGC to keep three senior managers for long postings, to increase the number of CGC staff working on foster care, and to appoint a full-time lawyer.

A similar process may be starting in Yuno, where the governor has increased the alternative care budget and determined a focus on increasing the quantity and quality of foster care, shifting the priority from developing risk assessment capacity. A 2015 email from a senior Yuno bureaucrat explains his understanding of the 'default setting' for change, as well as the impact of political attention on the prioritisation of tasks:

I don't think there is a strategic ranking of priorities in child welfare in Japan. If there are no particularly large problems, I think all areas are slowly improved at the same time. But, if there is a big problem, something that is big enough to make the newspapers or news, then there is a concentration of resources to make sure that the same thing does not happen again. I think you can probably say this for all Japan, but when there is an uproar all attentions are putting into resolving that problem, the result of this being that this rises up the ranking of priorities.

On the risk assessment tool, I think the fact that two children died from abuse... was a big trigger. Both children's deaths occurred whilst the child was known to the CGCs so this was a large shock for the local authority. There was a strong conviction that we could not let children die from abuse again, and the child guidance centres did their best. This resulted in the strengthening of the legal consultation section and the city, town, village support project team, in relation to dealing with abusive parents. This led to the strengthening of the city and town's abilities to deal with the first response to abuse fears. I think addressing this was a big thing.

¹ The mechanisms by which staff rotation occurs and key posts are filled is a critical and understudied research area at both local and national level.

Just at the time when the abuse response had settled down, now, we started to put power into developing foster care but this was not something we had decided, to do foster care after responding to abuse. This was due to the strong convictions of Governor [name].

There is minimal political attention on the promotion of foster care in Irifune. The increase in the foster care rate of the last few years is understood within the CGC to be ‘bottom-up’, the result of the efforts of the previous and current foster care caseworker. The relatively limited nature of this change suggests that without political support, change is more likely to be incremental.

May and Winter state that ‘street-level bureaucrats have a greater license to diverge from national goals when those local politicians who are closest to the street-level bureaucrats disagree with the national goals’ (2007: 457). There were no national goals on promoting foster care until the early 2000s and no concrete goals until 2011. Thus, rather than framing divergence as divergence from ‘national goals’, it is more useful here to understand divergence as being from national or local ‘practice norms’. Divergence from local path-dependent practice is easiest when, as in Teru, it is supported over the ‘two-levels’ of politics and bureaucracy.² The limited nature of change in Irifune and Yuno, with political attention in Yuno very recent, suggest that reform efforts that do not occur at both levels will have less traction.

4. The capacity of care providers

4.1 The capacity of alternative care

When explaining my interest in regional variation during fieldwork, I often highlighted Niigata and Sakai City, which had foster care rates of 39 per cent and 4.2 per cent respectively in 2011. Nearly everyone replied with a variant of, ‘Well, Niigata has very few institutions’ (see also Kashiwame, 2010). Discussing adoption, Moriguchi (2010) constructs this as ‘supply’ and ‘demand’. This section explores this relationship, framed here as ‘capacity’ and ‘need’.

² The role of Ms Komiyama and two senior MHLW bureaucrats in the 2011 Foster Care Guidelines (see Chapter 4) suggests that this construction of change may also apply at a national policymaking level.

Teru and Irifune support my respondents' hypothesis: Teru has 11.8 places in CWIs for every 10,000 children aged under 18, almost exactly half that of Irifune (see Table 24). As we would anticipate, there also appears to be a relationship between the number of registered foster carers, relative to the child population, and the foster care rate.

Table 24: The capacity of care providers, relative to child population. Teru, Irifune, Japan.

	Teru	Irifune	Japan (69 Local Authorities)
Combined BIWI & CWI capacity per 10,000 children (Oct 2014)	14.7	25.4 (24.3)*	18.3
CWI capacity per 10,000 children (Oct 2014)	11.8	23.7 (22.7)	16.4
BIWI capacity per 10,000 children (Oct 2014)	2.8	1.7 (1.6)	1.9
Number of registered foster parents per 10,000 children (2013-14)	5.5	4.5	4.9
Number of foster parents with placement per 10,000 children (2013-14)	2.0	1.7	1.8

* Figures in the brackets indicate a limit placed on capacity by the local authority below the total physical limit of the welfare institutions

Data Sources:

Population of children under 18 years old. Calculated from: National population census. (2010). This differs from MHLW figures which is based on the child population under 15 years old

Teru, Irifune. CWI and BIWI capacity: Fieldwork

Japan. CWI and BIWI capacity: MHLW. (2016a). *Shakai-teki yongo no genjou ni tsuite (sanka sbiryou)*. 2016, January: 92-93

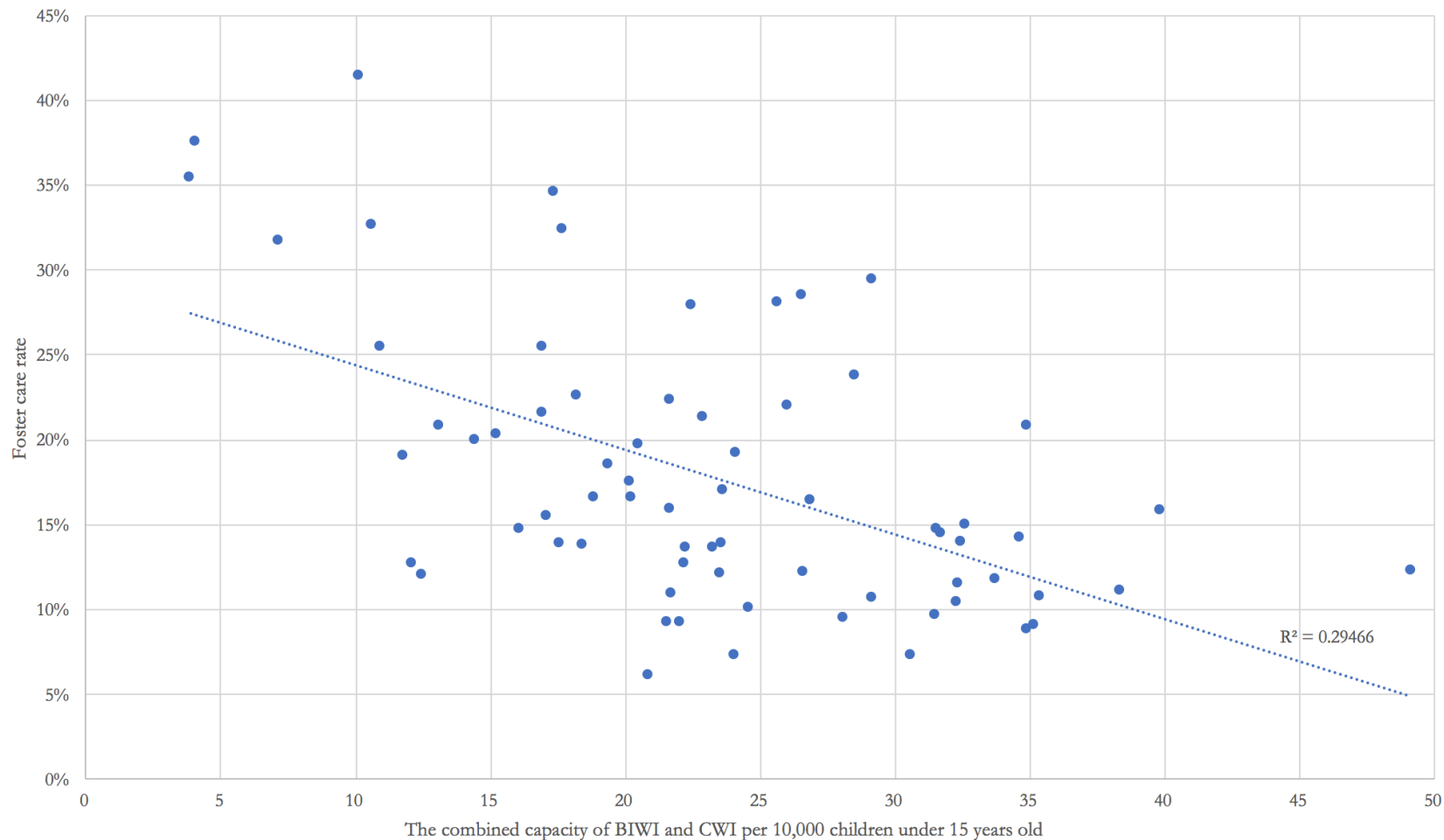
Foster parents: MHLW. (2016j). *Fukushi gyōsei hōkoku rei (etsuran jidō dai 13-hyō satooya-sū, todōfuken - shitei toshi - chūkaku-shi × shinkei - torikeshi-betsu)*

The capacity of care providers is not static. The CGC can recruit foster parents, and welfare institutions may close or change their capacity, for example when restructuring from large dormitory style into group homes. As service provider for foster care, it is easier for the CGC to change the capacity of this than the capacity of welfare institutions. Nor is the need for alternative care static: for example, the 'discovery' of abuse led to more children entering care.

Figure 47 shows the relationship between the foster care rate and the capacity of BIWIs and CWIs, relative to the child population under 15 years old, by local authority in 2014.³ At this fixed point in time, the relationship is strong ($r = 0.543$), negative, and statistically significant ($p = 0.000$). Local authorities with a higher relative institutional capacity are more likely to have a lower foster care rate than those with a lower relative institutional capacity.

³ See Appendix 7 for table.

Figure 47: The capacity of BIWIs and CWIs, relative to child population, and the foster care rate. By local authority, 2014



Data Sources:

MHLW, Welfare administration reported cases, table 11: Children's welfare institutions (excluding midwives facilities and Mother and Child living support institutions) -institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution

Child population: 2010 Census, children aged under 15 years old

Figure 48 shows the relationship between the number of registered foster carers, relative to the child population under 15 years old, and the foster care rate by local authority in 2014.⁴ At this fixed point in time the relationship is strong ($r = 0.688$), positive, and statistically significant ($p = 0.000$). Local authorities with a higher relative foster care capacity are more likely to have a higher foster care rate than those with a lower relative foster care capacity.

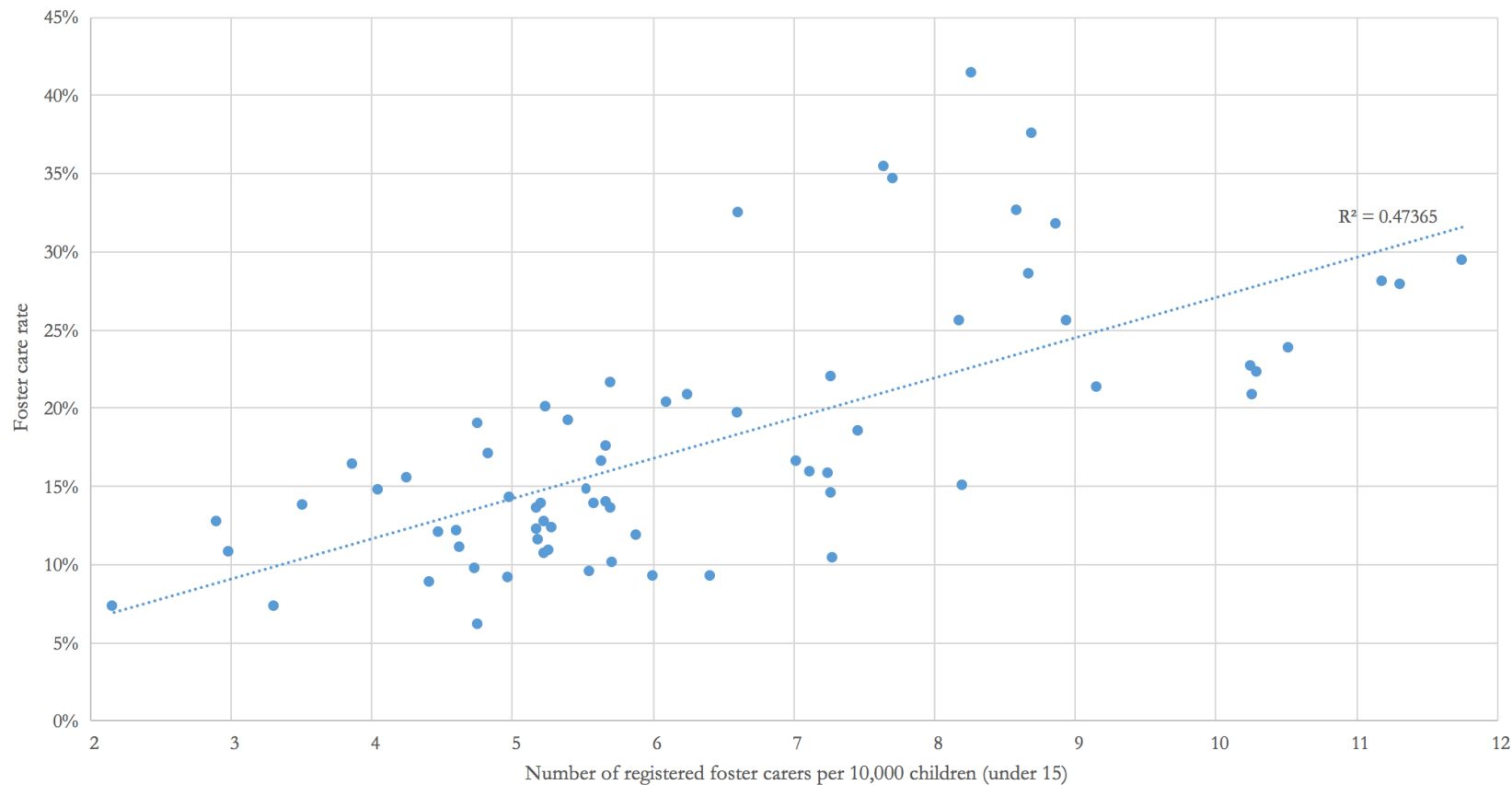
Miwa's (2011) analysis of the relationship between the occupancy rate of CWIs and the foster care rate from 1953 to 2008 finds competition between the two providers. Until 2003 there was a negative correlation between the combined BIWI and CWI occupancy rate and the foster care rate, as well as a negative correlation between the combined BIWI and CWI occupancy rate and the number of new placements into foster care (see also Kashiwame, 2010; Miyajima, 2007; Tsuzaki, 2009; Yoshida, 2008). This work also found that the increasing number of children entering care has reduced this competition from 2003.

Further, Miwa (2011) found that between 1994 and 2002, the foster care rate was lower than this correlation predicts, and argues that this indicates that the CWI were particularly effective in protecting their interests in this period (see also Hirada, 2014; Ito et al., 2014; Tsuzaki, 2009).

Hill and Hupe (2014) argue the importance of examining the relative power of those who are advantaged or disadvantaged by policy implementation. At a national level, lobbying is carried out by the National BIWI Association and the National CWI Association, which has a particularly strong relationship with the Liberal Democratic Party's 'Committee to think about the future of alternative care'.

⁴ See Appendix 8 for table

Figure 48: The number of registered foster parents, relative to child population, and the foster care rate. By local authority, 2014



Data Sources: MHLW Welfare Administration Reported Cases referencing data sheets:

1: The number of foster carers, the number of children placed into foster care, by prefecture, designated city, and core city

2: The number of small-scale residential-type child rearing businesses (family homes), capacity, new staff and staff leaving over the year, current number of staff, number of children in family homes by prefecture, designated city, and core city

3: Ministry of Health, Labour and Welfare social welfare institutions survey, table 8, institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution, and by management status, public and private

Child population: 2010 Census, children aged under 15 years old

CWIs also attempt to influence policy implementation at a local level. In Irifune a caseworker recalled a CWI head who, after a sustained period where no children had been placed into his institution, began to regularly visit the CGC with bottles of sake to explain the danger of staff having to be laid off and the consequences this would have on the quality of care for the children already in the CWI. During a CWI visit in the Teru CGC staff training, a CWI manager expressed his concerns that as the foster care rate increases only children with more complex needs are placed into institutions, with ‘easy’ children entering foster care. He clarified this by saying that this would not be an issue if the staff-to-child ratio was better, but noted that this would not change any time soon.

In addition to lobbying their corner, CWI staff sometimes stray into criticising foster care. These critiques argue that foster parents are under-trained, under-supported, and that they provide ‘amateur’ care behind closed doors, whereas the welfare institutions provide ‘professional’ care in a shared space with lots of eyes to catch abuse.

Turning to foster care, the relationship between the number of registered foster parents and the foster care rate at a fixed point in time should be interpreted with caution. Miwa’s (2014; 2016) longitudinal analysis of the number of registered foster parents and the foster care rate undermines explanations of Japan’s low foster care rate that focus on a ‘lack of foster parents’ (see Harada, 2013; Tsutsui and Otaga, 2011). Miwa (2014; 2016) found that increases in the number of registered foster parents did not lead directly to an increase in the foster care rate but instead had long-term and cumulative effects. Miwa also highlights that over half of registered foster parents are not fostering and from this argues that it is the lack of support for foster parents, rather than the lack of foster parents, that is the more important factor (see also Suga, 2014).

Teru supports Miwa’s position. Here, an increased capacity for supporting foster parents was coupled with an increased focus on foster parent recruitment. Caseworkers, prompted initially by senior management, slowly re-evaluated foster care in a more positive light as placements went better than expected (see Chapter 8). The impact of the increased number of foster parents was

mediated by the combination of increased support for foster parents and increased caseworker trust of foster care. Before looking further at the impact of the evaluation of each care type, this chapter next explores the impact of changes in the level of need on the foster care rate.

4.2 The need for alternative care

In 2015 there were 602 CWIs, with a total capacity of 33,017 (MHLW, 2016b). This is almost unchanged from 1955, when ‘there were 528 *yogoshisetsu* [CWIs] offering places to almost 33,000 children’ (Goodman, 2000: 51), despite the child population having fallen from 29,786,000 to 15,887,000 in this period (Ministry of Internal Affairs and Communications, 2015c).

The stability of the welfare institutions’ capacity in the face of population decline can largely be explained by the ‘discovery’ of child abuse in the 1990s (Goodman, 2000: 167-174), and its re-discovery in 2010 (Goodman, 2012: 99). This led to an increase in reported cases and the number of children entering care.

Miwa (2012), examining 2000 to 2009, argues that this has increased the foster care rate in two ways. The first is directly, by reducing competition between foster care and institutional care. The second, which Miwa (2012) argues is more significant, is that the discovery of abuse led to an increase in the number of caseworkers. This reduced average caseload and afforded caseworkers more time on each case. Between 2000 and 2009, local authorities where caseworkers had a lower caseload were statistically more likely to have a higher foster carer rate (Miwa, 2012).

The caseworkers’ average caseload has increased since 2009. Aoki reports that while the number of reported cases of suspected abuse increased over seven-fold between 1999 and 2014, ‘the number of child welfare caseworkers increased only 2.3 fold... from 1,230 in 1999 to 2,289 in 2014’ (2016). This means that caseworkers are often overstretched. In 2013 there were 69 fatal cases of child abuse,⁵ 36 of whom were known to a CGC (Aoki, 2016). The supervising

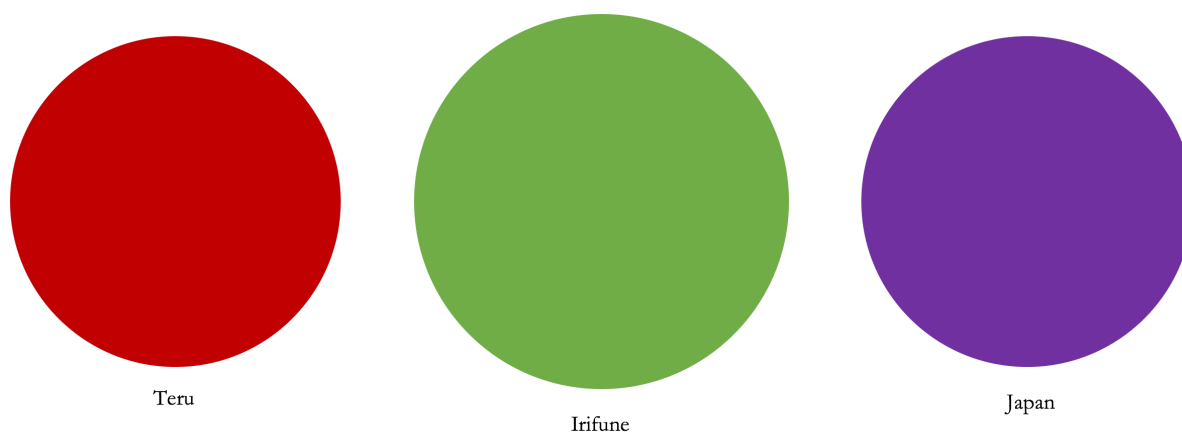
⁵ In 33 of these the parent killed themselves after killing their child or children. See Goodman (2000; 2002b) for a discussion of this phenomenon.

caseworkers in these cases had an average of 109 new cases in the past year, of which an average of 65 cases related to abuse (Aoki, 2016; The Japan Times 2016).

This caseload limits the caseworkers' ability to provide individualised care plans with comprehensive support in most cases. One CGC senior manager described his work as 'like playing whack-a-mole. An emergency arises, I deal with that. Another emergency arises, I deal with that'. Caseworkers commonly described their work as 'firefighting'. A high caseload, or a perceived high caseload, can lead to cases being treated in a 'routinized' manner (Lipsky, 1980; Weatherley and Lipsky, 1977). This leads us to hypothesise that local authorities with a lower rate of children in care will have more time per case entering care, and will thus have a higher foster care rate than those with more children in care.

The case studies of Teru and Irifune give qualified support to this hypothesis (see Figure 49). Irifune places a higher rate of children into care than Teru, though despite placing almost exactly the national average into care, Teru has a higher foster care rate than the national average.

Figure 49: The relative rate of children in care. Teru, Irifune, Japan. 2011-2012



Data Source: MHLW. (2015c). *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*. 2015, March: 20.
Made referencing data from:

(a) In care: welfare administration reported cases (March 31st 2012)

(b) Child population: Census (October 1st 2010) This MHLW figure refers to children under 15 years old

Figure 50 maps the relationship between the rate of children in care, per 10,000 children under 15 years old, and the foster care rate in 2011-2012.⁶ The relationship is moderate ($r = 0.340$), statistically significant ($p = 0.004$) and negative. Local authorities with a lower rate of children in care are more likely to place a higher rate of those children into foster care than those with a higher rate of children entering care.

This relationship is known by practitioners. At the 2014 National Foster Care Association annual meeting, Niigata, which places the fewest children into care, was attacked for ‘achieving’ its high foster care rate by not taking enough children into care (see also Tsuzaki, 2009).

The rate of children entering care is not a perfect proxy for the ‘need’ for care. There may be regional variation in public willingness to report abuse, and in the assessment of these risks by the ‘non-professional’ caseworkers. The response of Yuno to the deaths of two babies suggests that the pendulum between being interventionist and supporting the family (see Buchanan, 1996; Lepore, 2016) swings at the local rather than the national level in Japan.

The regional variation of need is not just a question of reporting and assessment. The relationship between poverty and abuse in Japan is well documented (Kato, 2014; Matsumoto ed., 2010; 2013; Mochizuki et al., 2014; Negishi, 2014).⁷ One local authority created an internal report on the financial status of parents at the time of their child’s placement into a CWI: only 12.6 percent of households earned enough to pay income tax, with 31.4 percent claiming social security and 38.3 percent having no employed adults.⁸

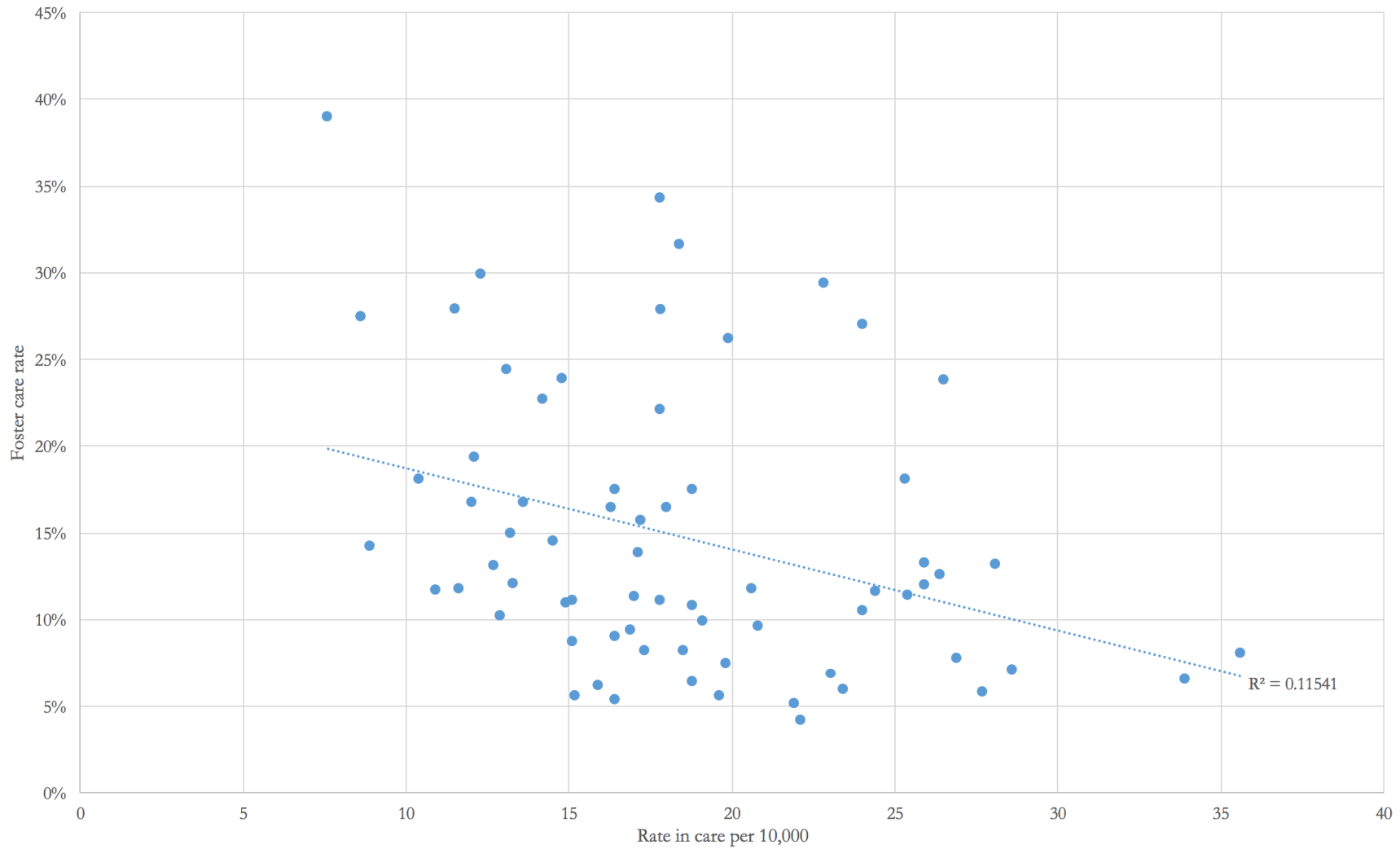
Given this relationship, we would hypothesize that local authorities with a higher child poverty rate will have a higher rate of children entering care. This could be tempered if higher child poverty rates correlate to lower local government spending, which could impact ‘negatively’ on the number of children taken into care.

⁶ A change in the way that data was reported meant that this was the most recent data available at the time of writing.

⁷ The issue of child poverty has grown in the public consciousness in the last decade, in part because Japan now ranks 34th out of 41 developed nations in the UNICEF child poverty index (UNICEF, 2016).

⁸ This data is not reported at a national level.

Figure 50: The rate of children in care, relative to child population, and the foster care rate. By local authority, 2011-2012



Data Sources: MHLW. (2015c). *Shakai-teki yungo no genjou ni tsuite (sanka shiryō)*. 2015, March: 12, 20
Child population: National Population Census (2010). 2010, October 1. * Child population under 18 years old

Figure 51 maps the relationship between child poverty rates by prefecture for 2012, calculated by Tomuro (Mainichi Japan, 2016), and the foster care rate by prefecture for 2011.⁹ This relationship is statistically significant ($p = 0.004$), moderate ($r = 0.410$), and positive. Prefectures with a higher child poverty rate are more likely to take more children into care than those with a lower child poverty rate.

Having looked at the relationship between the ‘need’ for alternative care and the foster care rate at fixed points in time, this section closes by looking at the impact of the increasing number of children entering care on the foster care rate in Teru and Irifune, a relationship already demonstrated at the national level by Miwa (2012).

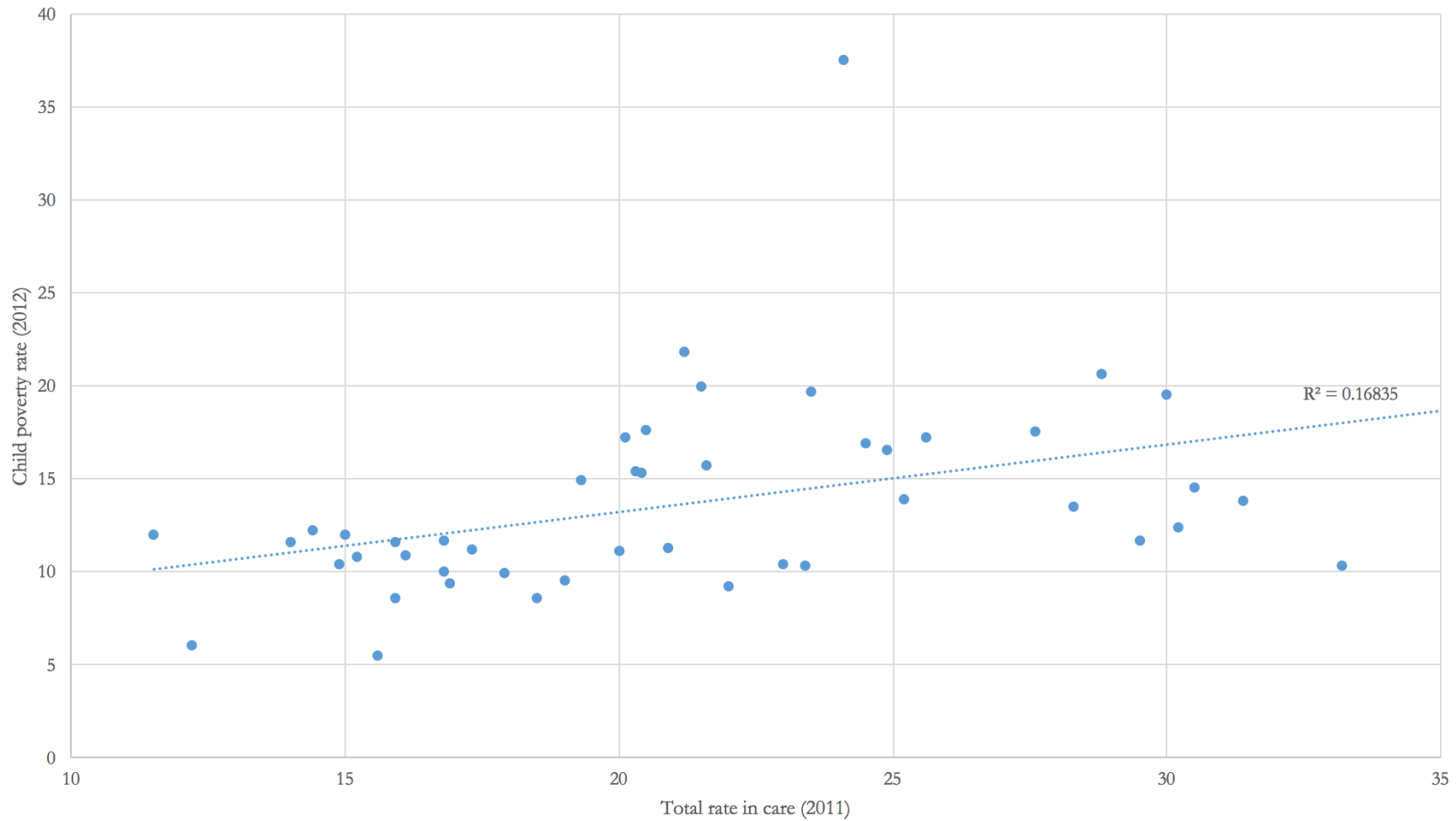
Interviewees in Teru explicitly referenced the impact that the increased need for alternative care had on the foster care rate. When asked what ‘triggered’ the increase in the foster care rate, senior managers all responded that in 2002 the BIWIs and CWIs were ‘full’. There are five responses that local authorities can use when the institutions in their jurisdiction are approaching capacity: develop capacity in the institutions; develop capacity in foster care; reduce the number of children entering care; use placements outside the local authority;¹⁰ and remove children from alternative care placements.

Teru increased the absolute capacity of the BIWI and CWI by 13 per cent between 2002 and 2006 and invested in developing foster care services. Figure 52, which shows the combined occupancy rate of the BIWIs and CWIs, relative to child population, in Teru, Irifune, and Japan between 1997 and 2013, shows that the development of foster care services in Teru took about two years, with the foster care rate increasing from 2004 onwards. A similar pattern can be seen in Irifune and nationwide, with the development of foster care services coming after a sustained increase in the occupancy rate of the BIWIs and CWIs.

⁹ After 2011, the total rate in care was only released by local authority, not by prefecture.

¹⁰ The local CGC must consent to the placement, with the placing local authority retaining responsibility for the child.

Figure 51: The child poverty rate (2012) and the total rate in care (2011). By prefecture



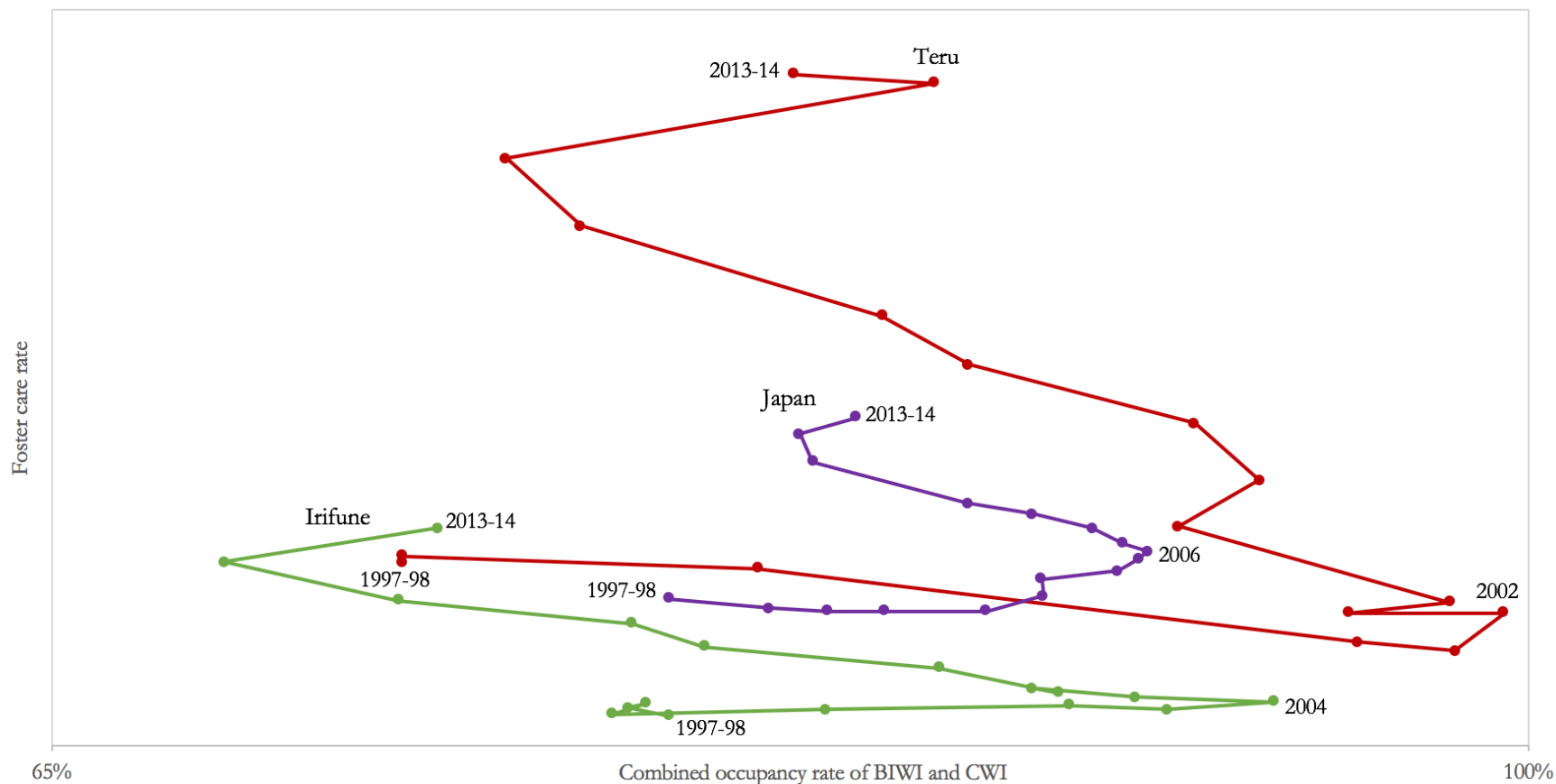
Data sources:

Child poverty by prefecture calculated by Tomuro, cited in: Mainichi Japan (2016).

MHLW. (2012a). *Sbakaiteki yougo no genjou ni tsuite*. 2012, September: 25

N.B. MHLW data on total rate in care for 2012 only available with prefecture, designated, and core cities separated so have just 2011 data (MHLW, 2012) which shows total rate in foster care, family homes, BIWI & CWI by prefecture.

Figure 52: The occupancy rate of BIWIs and CWIs and the foster care rate. Teru, Irifune, Japan, 1997-2013



Data Sources: MHLW: Welfare Administration Reported Cases. Referencing data sheets:

- 1: The number of foster carers, the number of children placed into foster care, by prefecture, designated city, and core city
- 2: The number of small-scale residential-type child rearing businesses (family homes), capacity, new staff and staff leaving over the year, current number of staff, number of children in family homes by prefecture, designated city, and core city
- 3: MHLW social welfare institutions survey, table 8, institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution, and by management status, public and private

Child population: National census, 1995, 2000, 2005, 2010. Child population under 15 years old

The high occupancy rate of the welfare institutions in Teru may have reduced their opposition to the development of foster care services, which are more easily constructed as complementary in times of plenty. It is possible that the recent low occupancy rate in Irifune is making the expansion of foster care more challenging here.

In Irifune, the issue of full occupancy arose during my fieldwork. Upon realising that the BIWIs were nearly full, emergency meetings were held and the oldest children were moved to CWIs with others returned to their parents. This was possible as the CWIs were not full. Had this occurred in a local authority with smaller relative institutional capacity it would have been more likely to have resulted in the development of capacity, in foster care or institutions, or in the outsourcing of care to other local authorities.

Street-level bureaucrats implement policy within the local resources at their disposal. The capacity of the care providers is not concrete: a CGC may develop capacity, or withhold or restrict placements, effectively limiting capacity. This often happens following an incident of abuse in care until the CGC is satisfied that the institution has sufficiently addressed the situation. Abuse in care can result in a change in the evaluation of one care provider or, as happened in Tokyo following the death of an infant in foster care (Chapter 4), the type of care itself. This impacts upon the perceived capacity of available care. The following section explores this.

4.3 Evaluation of available care

The capacity of care is understood in terms of quantity and quality. This is visible in the gap between the number of registered foster parents and the number that are used (Miwa, 2016; Miyajima, 2001). This section addresses the CGC staff's perception of the quality of available care and the impact this has on the foster care rate.

When the decision to promote foster care was made in Teru, all the CWIs were large dormitory institutions. Sano explained that 'there is a much greater difference between large

CWIs and foster care than small-style CWIs and foster care' (interview, 2014), before continuing:

There were many children for whom the large child welfare institutions were not able to provide the right kind of care for, and there were several large abuse scandals [in CWIs]. This abuse, and the lack of appropriate care, were key factors. The choice was to build a new child welfare institution or promote foster care, as the existing institutions were full.

Here, the evaluation of available CWIs was shaped by the style of the CWI and by abuse scandals. During nearly a decade of volunteering, working with, and researching CWIs I have seen an array of institutions, from small six-child satellite community-based CWIs to an institution in an old hospital, one room of which saw eight boys aged 16 to 18 in a ward complete with curtains around their beds. BIWIs also vary, from around 15 babies and infants in a 'unit-style' institution to over 80 babies and infants in the largest Red Cross BIWI.

There are two hypotheses we can draw here. The first is that the 'type' of CWI may be important: a local authority with more 'group homes', which are more homelike, may feel less compelled to increase the foster care rate. The second hypothesis is that the average size of the CWI may be important. This factor may be important in two ways. If local authorities are aware of national norms, then local authorities with smaller CWIs may be less inclined to promote foster care, believing these CWIs to be providing higher quality care. The second possibility is that change within a local authority is important. A local authority where the CWIs are getting smaller may be less inclined to promote foster care, believing the relative quality of care to be improving.¹¹

Despite the size and style of the CWI being significant in Teru, neither of these relationships are significant on a national level. The relationship between the percentage of children in group homes and the foster care rate by prefecture¹² for April 1st, 2015 is not statistically significant ($p = 0.430$). Nor is the relationship between the foster care rate and the

¹¹ There is no data available to track changes in 'type' of CWI at a local authority level, so change over time here cannot be evaluated.

¹² Data is unavailable at local authority level.

percentage of CWIs that are group homes ($p = 0.791$), the average size of CWIs ($p = 0.880$) or BIWIs ($p = 0.171$), statistically significant. Finally, the relationship between the change in the average size of the CWIs from 1997 to 2013 and the change in the foster care rate over this period is also not statistically significant ($p = 0.857$).

There are two reasons why these relationships are not significant at a national level. The first is that there is no uniform position on what a 'good' CWI looks like, with some CGCs favouring large dormitory CWIs and others favouring small unit care CWIs. The second is that CGCs that have increased the foster care rate are more able to leverage CWIs to decrease in size or remodel into group-homes. In Teru, the increased foster care rate has empowered the CGC in relation to CWIs, as caseworkers now have more alternative placements available. This has resulted in over half the Teru CWIs physically reforming their institutions along CGC expectations. This negates the anticipated negative relationship between the size and style of the institutions and the foster care rate. Here the foster care rate itself acts as a resource for the CGC.

Sano's observations on the impact of abuse in CWIs are also relevant to foster care. Indeed, where a child is abused or dies in foster care the CGC, which is normally responsible for the recruitment, assessment, training, registration and support of the foster parents, is more accountable than when a child is abused or dies in institutional care, where abuse is normally blamed on 'bad apples' in the system rather than the system itself (Goodman, 2000). In placing a child into institutional care the CGC is outsourcing moral responsibility as well as responsibility for care. This serves to inhibit the impact of abuse scandals in institutions, a factor that has contributed to de-institutionalisation in other countries (see Bullock and McSherry, 2009; Gilligan, 2009; Stein, 2006; 2014). The fact that policy and practice learning following abuse in care occurs at a local, rather than national, level, also inhibits this as a driver of change.

The evaluation of the quality of foster care is affected by regional variation in the registration (Hayashi et al., 2013; Sakai, 2005), training (Shoji et al., 2010), and support of foster

parents (Miwa, 2016). The Teru CGC has a more in-depth registration process, which involves the CGC head interviewing every potential foster parent, more training, and significantly more support for foster parents than the Irifune CGC.

The evaluation of foster care is also affected by the demographic of the children entering foster care. A placement breakdown or a case of abuse in foster care can lead CGC staff to become more risk-averse and to return to default practices. Here the response of senior managers is critical. The first attempts to increase the foster care rate in Teru saw children of all ages being placed into foster care. The lack of support for foster parents meant that many of the older children's placements broke down. Rather than abandon reform, senior managers decided to focus on placing younger children into foster care and on developing support capacity. This was coupled with a team approach to placement decisions, which meant that the blame for placement breakdowns was shared across staff. This, along with a clear and consistent vision from senior management, allowed failures to be framed as lessons to learn from rather than a reason to abandon change. This has created a positive feedback loop, with caseworkers, who saw better than expected results in the stable foster care placements, increasingly willing to use foster care.

In Irifune successful foster care placements were often described as 'lucky'. In one case, of a child who would normally have entered an institution, the foster care caseworker observed that 'if the child had gone to a different foster parent they may have been abused by them' (see also Miwa, 2014). The fact that the Teru senior management have been in post for over a decade is critical in understanding why this positive feedback loop, which is easily disrupted, exists in Teru but not in Irifune. The impact of organisational culture is examined in Chapter 8.

Negative feedback is amplified by the belief that harm done in foster care causes more damage to a child than harm done in an institution simply by the virtue of it occurring within a family (Goldfarb, 2012). At times this is related to the construction of the family-bond, though

CGC staff in each of my fieldwork sites explained that harm in foster care further damages the child's construction of what a family *should* be.

It is possible that there will shortly be a re-evaluation of the quality of all BIWIs as there is a growing awareness of the damage that institutionalising babies and infants can do. These concerns draw on literature on attachment (Fox, 2014; Fujibayashi, 2014; Kamikado, 2014; 2015; Nelson et al., 2013; Yamazaki et al., 2009), and on the UN Guidelines on the Alternative Care of Children (Goldfarb, Forthcoming A).

The CGC's decision to place a child into a specific institution or foster parent is not based solely upon the evaluation of the quality of care provided; it must also be approved by the care provider. The CWIs attempt to keep a balance based on the age and sex of the children and will sometimes refuse a child to keep this balance.¹³ Similarly, the CGCs try to avoid placing children with a foster parent who has a natal or foster child of a similar age and sex, believing that this hinders the child's ability to find their own space within the family. These factors act as additional variables in the placement decision.

The capacity of available care is thus based on the absolute capacity, the CGC staff's evaluation of the 'type' of different placements, the evaluation of the quality of the specific placements available, and the compatibility of specific placements to a child's level of need, age, and sex. It is also based on the construction of the function of each different care placement (see Chapter 7). This chapter next examines the impact of the CGCs' capacity on the foster care rate.

¹³ CWIs also occasionally reject based on the level of need. 'Better' CWI are more willing to reject children, knowing that the CGC will still use them. This can create cases where the most challenging children to place end up in the CWIs that are least willing to reject placements.

5. The capacity of the child guidance centres

Like care providers, the capacity of the CGCs must be evaluated in term of both quantity and quality. Miwa (2012) establishes a relationship between the foster care rate and average caseload. This thesis broadens the consideration of CGC capacity to include the number of staff working on foster care, the experience of senior managers, and the presence of specialist staff. It also examines the division of labour and the degree of role specialisation each staff member can attain, as well as the ability to acquire parental consent and the role of external supporting actors.

The lack of specialist knowledge on foster care has a direct impact on the use of foster care (Fukaya et al., 2013; Matsumoto, 1991; Miwa, 2012; Nishizawa, 1987; Takahashi et al., 2010). Over the last decade the Teru CGC has addressed this by focusing resources on developing the CGC's capacity to provide foster care services, including increasing the foster care team from one caseworker to a whole section. The CGC has also invested in developing the capacity of an NPO network and the local foster care association.

NPOs play two main roles in Teru. The CGC outsources the initial investigations in cases of suspected 'light' abuse to an NPO, training their staff and taking over cases when necessary. This allows more of the CGC's limited resources to be focused on foster care work. The second is by working with a local network of NPOs and the local foster care association to raise awareness of foster care and recruit foster parents. The local foster care association holds monthly meetings and provides peer support. The CGC hosts these meetings, for which they provide childcare, with staff attending alternate months. CGC participation provides a regular channel of communication and allows staff to get to know the registered foster parents.¹⁴

The relationship between the CGC and local foster care association is an important one. The low national threshold for registering foster parents requires CGCs to register almost all applicants who complete the process. Foster parents who are registered but deemed unsuitable

¹⁴ There are also more formal meetings where local authority hall officials answer queries on financial or other legal matters.

are sometimes active in the foster care association. As time passes the foster care association sometimes relays the stresses of these foster parents to the CGC. If the association believes the CGC to be not placing a child unfairly it can affect this working relationship. This is particularly problematic if the CGC is seeking the association's support in recruiting foster parents. CGCs often attempt to resolve this by saying that they need two or three times more registered foster parents than those with placements in order to effectively 'match' children and foster parents.¹⁵

The continuity of key staff in the Teru CGC mitigates this tension.¹⁶ Within the foster care section there are contract staff members who have served for longer than the foster care caseworkers. This provides continuity for the foster parents. The experience of these staff also helps the CGC improve foster care recruitment, assessment, and training (see Sakai, 2005) as well as the matching process. This dedicated foster care section and the supporting network of actors allows the Teru CGC to provide more individualised support.

Irifune does not use contract staff in this manner and struggles to deal with knowledge loss from staff rotation (see Miwa, 2016; Sadaka, 2007). The Irifune CGC has fewer staff working on foster care than Teru (Table 25).¹⁷ The Irifune foster care caseworkers more commonly hold this post concurrently with another role, while all staff working on foster care in Teru work solely on this.

The Irifune CGC is supported by one proactive CWI foster care specialist who has started a small foster care group. The official local foster care association, headed by retired foster parents and adopters, is divorced from those currently fostering and has even prohibited foster care 'salons', where foster parents met for peer support, as these sometimes resulted in disagreements.

¹⁵ Saitama has taken the novel approach of involving the foster care association in the matching process.

¹⁶ See Sabatier (1998; 1999) and Hill and Hupe (2014) on the importance of participant continuity in the development of networks

¹⁷ See Appendix 8 for nationwide data.

Table 25: The number of foster care caseworkers and promotion workers, relative to child population. Teru, Irifune, Japan, 2014

October 2014	Teru	Irifune	Japan (69 Local Authorities)
Foster care caseworkers and promotion workers per 10,000 children	0.26*	0.21	0.24**

Of whom: Dedicated foster care caseworkers***	0.13	0.04	0.05
Of whom: Concurrent foster care caseworkers	0.00	0.08	0.12
Of whom: Full-time foster care promotion workers	0.00	0.00	0.02
Of whom: Part-time foster care promotion workers	0.13	0.08	0.06

* One of the three foster care caseworkers in Teru is graded as a section head

** Foster care promotion workers can be employed by the CGC or an agency. Of the 162 foster care promotion workers, 124 are employed by local government and based in CGC, 11 are employed by agency and based in CGC, 16 are contracted and based in agency, and 11 are working as caseworkers and given the name 'foster care promotion worker'

*** Foster care caseworkers can work solely on foster care or hold responsibility for foster care whilst also managing a caseload. I have called those working exclusively on foster care 'Dedicated foster care caseworkers' and those who also manage a caseload 'Concurrent foster care caseworkers'

Data Sources:

Population of children under 18 years old. Calculated from: National population census. (2010). This differs from MHLW figures which is based on the child population under 15 years old

MHLW. (2016a). *Shakai-teki yongo no genjou ni tsuite (sankei shiryō)*. 2016, January: 92-93

Faced by a lack of internal capacity, the Irifune CGC decided to outsource foster care recruitment and training to a BIWI. One caseworker explained, 'in the CGC we have to do other work too, so we cannot focus just on foster care so we have requested someone else helps us'.

The caseworker expressed two reservations here. The first was that this reduced the time that the CGC staff spent with foster parents, meaning that it will be 'even harder for us to do the matching. It is tricky even now'. The second was that 'there is definitely the possibility that they are aware that if they place lots of kids into foster care they will lose money. [There] definitely is some conflict of interest here' (interview, 2015).

Puzzled, I asked whether a Child and Family Support Centre,¹⁸ or an NPO could have taken on this role. The caseworker replied:

Hmm, what do they do? [giggle] They do some lighter cases and the foster carers can go to them for consultation on issues. But they don't have ability to do this stuff yet. There is no NPO with

¹⁸ This is a government organisation that provides lower level support to families.

the capacity to do this work here yet. The foster carer association are registered as an NPO but can only provide a very basic level of services.

Irifune, as Table 26 shows, is not unique in outsourcing foster care services to institutions;¹⁹ indeed, the MHLW explicitly calls for an increased role for welfare institutions here. It is unclear if this reflects a desire to utilise existing resources to promote foster care or an ambivalence towards the desirability of de-institutionalisation. Similarly, at a local level it is unclear whether Irifune's outsourcing of foster care services to a BIWI reflects the CGC's doubts over the validity of increasing foster care, or the CGC's lack of confidence in their own ability and their desire to draw on the experience of others in alternative care.

The different methods used by Teru and Irifune to develop foster care services may reflect different levels of political support, as increasing staff requires political backing. The different approach may also relate to their physical geographies. Yet Irifune has outsourced foster care recruitment and training, which can be centralised, rather than foster care support, which cannot. Yuno, which is larger still than Irifune, has centralised recruitment and training into one office and is starting to use institution foster care specialists to provide foster care support.²⁰

¹⁹ It is likely that the number of local authorities doing this has increased since 2011.

²⁰ Senior Yuno bureaucrats and BIWI and CWI heads together created a job role with clear responsibilities and accountability procedures. The foster care specialists report monthly and bi-annually on how many phone consultations and home visits they have done and how many placement moves from their institution to foster care have occurred. The specialists also attend visits by the CGC to foster parents, with a view to being able to do this independently in the future. Despite this organisation there is still variation within Yuno, with one specialist logging over 70 calls and visits in six months and another only one.

Table 26: Outsourcing foster care services. March 2011

The state of implementation of foster care service providers (2011)

Business classification			Direct management	Commissioned	Foster care association	Child and family support centre	Baby and infant welfare institution	Child welfare institution	Japan child and family research institute	Public benefit registered corporation, NPO
Foster care service providers 69 local authorities	The promotion and popularisation of foster care (68 local authorities)	Promotion and 'enlightenment'	42	27	12	5	1	2	0	7
		Training regular foster carers	51	29	9	4	4	6	0	6
		Training specialist foster carers	12	71	3	1	1	3	59	4
	Promoting the placement into foster care and supporting foster carers (60 local authorities)	Supporting foster care placements	50	13	5	2	1	2	0	3
		Home visit support	47	15	1	5	3	2	0	4
		Reciprocal exchange	31	37	23	5	1	2	0	6
	Number of local authorities and foster care service providers			62	154	30	9	12	33	59

[Original note]: Data from the Ministry of Health, Labour, and Welfare: Home Welfare Division Survey (April 2011)

Source (translated): MHLW, (2011) Current status of alternative care (reference). (*shakai-teki yongo no genjou ni tsuite (san'ka shiryō)*).2011, July: 32

Table 27 shows the number of these specialists in Teru and Irifune. The limited role and expertise of the specialists (Hirada, 2014) means that the relationship between the number of foster care specialists, per 10,000 children, and the foster care rate is not statistically significant ($p = 0.086$).²¹ Despite concerns from local audit offices, the number of specialists has increased, from 115 in 2012 to 325 in 2014 (MHLW, 2016c: 33).

Table 27: The number of specialist counsellors for foster care, relative to child population. Teru, Irifune, Japan

October 2014	Teru	Irifune	Japan (69 Local Authorities)
Total number of specialist counsellor for foster care support staff per 10,000 children	0.13	0.21	0.16
Of whom in BIWI	0.09	0.04	0.04
Of whom in CWI	0.04	0.17	0.12

Data sources:

Population of children under 18 years old. Calculated from: National population census. (2010). This differs from MHLW figures which is based on the child population under 15 years old

MHLW. (2016c). *Shakai-teki yōgo no kadai to shōrai-jō no jitsugen ni mukete*. 2016, January: 33

Despite their importance in Teru and Irifune, the relationship between the foster care rate and the number of foster care caseworkers ($p = 0.80$), the number of dedicated foster care caseworkers ($p = 0.11$), the number of foster care promotion workers ($p = 0.50$), and the number of full-time foster care promotion workers ($p = 0.78$) are not statistically significant at a national level. Nor are these relationships statistically significant when considered relative to the child population under 15 years old.

To understand this, we must consider the relative experience and expertise of staff in different local authorities (Matsumoto, 1991; Takahashi et al., 2010). The Teru team has several decades of experience between them and is working within a CGC where their role is considered central to change. The Irifune team had under four years' total experience and is concurrently responsible for mental health support for all children in care.

²¹ Surprisingly, this relationship is negative in direction.

The higher level of expertise and experience in Teru allows staff to develop and pilot new practice in foster care. One example of this was a ‘treatment foster care’ pilot, with additional support and a family reintegration program (discussed further in Chapter 7).

A second example of innovative practice is a partnership with a media professor and a professional media team to develop promotional materials. This included a DVD that tells the story of three Teru foster care families, focusing on their decision to register and their lives as foster parents. This is used at events for potential foster parents and in meetings with Teru bureaucrats involved with welfare. The CGC hopes that by educating these bureaucrats, who are often the point of first contact for families in need, they can shift understandings of foster care.

The specialisation of staff in Teru, both with the caseworkers working solely on foster care and the long-term contract foster care promotion staff, is also found in their response to emergency cases. Cases that may require an emergency intervention are investigated by the Children’s Emergency Assistance division, with other cases and the majority of emergency cases after the course of action has been determined managed by the Children’s Support division. This attempts to diffuse the tension between investigation and support (Sato, 2009) and allows a greater degree of role specialisation, particularly on risk assessment. In Irifune, as in Yuno, these tasks are both carried out by caseworkers, with the local bureaucrats’ ‘generalist’ skills given more importance than ‘specialist’ skills acquired by having a narrower role.

The Teru CGC believes that they are approaching their capacity to provide safe foster care placements under their current structure, seen in the plateauing of the foster care rate in the last few years. This has led senior managers to start considering working with Key Assets, a non-profit foster care service provider.²²

²² This marks a break from foster care service providers being used by local authorities with low foster care rates. The general model of bureaucrats as service regulators rather than service providers suggests that a market will emerge for foster care service providers (see Kikuchi, 2007; Miwa, 2016).

Teru and Irifune also differ regarding the experience of their senior managers. In Teru, the CGC head, the Children's Support division head, and the Children's Emergency Assistance division head have worked in the CGC for over a decade, over three decades, and approaching two decades respectively. This is connected to the CGC's political weight and in turn increases this political weight. This also increases the strength of the Teru CGC in negotiations with the welfare institutions, which has resulted in over half the CWIs restructuring from large dormitories to unit-style CWIs. The relative strength of the Teru CGC in relation to the welfare institutions was also visible in interactions between senior CGC staff and welfare institutions: while still polite, the Teru CGC staff spoke with more authority and conviction to CWI staff than Irifune or Yuno CGC staff did.

In one case in Teru, of a 17-year-old who had been in the CWI since she was 4 and who the CWI now wanted to be placed into foster care due to school-refusal, a senior manager reprimanded the CWI head, saying:

This is about the ability of the CWI to provide care. You are not placing the needs of this child first. There will need to be a proper review as there are going to be more and more cases like this, high school kids in care refusing to go to school. We need to have more small specialist units and more local area small-scale homes run by the staff.

While this girl was moved to foster care, after the meeting a senior manager noted to CGC staff: 'So, even if we didn't get this case, at least we said that in the future it will have to change. This was my target for today's meeting'.

I did not see this level of engagement with CWIs in Irifune. This strategic approach, setting precedents and building up expectations based on a coherent and constant vision, is made possible in Teru by the expertise and experience of the senior management and their ability to act consistently over a prolonged period with precise knowledge of what has come before.

The Irifune CGC is more standard in this regard, with one senior manager having accumulated approximately 15 years in CGCs over his career, and other senior managers having

between one and six years of accumulated experience (see Goodman, 2002b; Imanishi, 2015; Tsuzaki, 2006). In addition to the relative lack of experience, the lack of continuity in Irifune inhibits the CGC's ability to develop and implement policy and practice changes.

The Teru CGC also employs a full-time lawyer. This strengthens their negotiating position with parents and the courts and gives the CGC immediate access to technical and legal advice. The lawyer sometimes supports attempts to gain parental consent for foster care, though the increased foster care rate largely predates his appointment, relating instead to internal staff training and discussions on best practice for gaining parental consent. The Irifune CGC does not have a full-time lawyer, and attempts to develop best practice on gaining parental consent focus more on entrance into care than on placement type.

The ability of the CGC to gain consent for a foster care placement is particularly important in understanding regional variation in policy implementation. Following Miwa's (2016) argument that the critical factor in the low foster care rate is the lack of children eligible to be fostered, and her (2016) argument that the approach of the CGC has a large impact on whether parental consent is gained, it seems likely that national dissemination of best practice would lead to an increase in the use of foster care.²³ The challenge then, which Teru and Irifune are both engaging with, becomes how to provide support for these additional foster parents, as well as establishing systems to prevent the loss of specialist knowledge with the rotation of staff. Having examined the capacity of the CGCs, this chapter closes with some conclusions.

6. Conclusions

Regional variation of the resources available to the CGCs impacts upon the implementation of policy. This chapter opened the exploration of this with a consideration of the impact of

²³ Saimura et al. (2014) call for a similar approach to develop best practice for supporting family reintegration.

physical geography, arguing that this may have contributed to Teru's decision to invest in the CGC and to Irifune and Yuno's decisions to develop the capacity of external actors.

The chapter next argued that local political support was critical in the development of foster care resources in Teru, and posited that change is more likely where it has 'two layers' of support, over politicians and bureaucrats. Political support also seems to play an indirect role on policy implementation by determining staff rotations and the longevity of posting.

Finally, this chapter considered the capacity of the care providers and the CGCs, with capacity understood in terms of both quantity and quality. We established that local authorities with a smaller relative capacity in BIWIs and CWIs are more likely to have a higher foster care rate, and that local authorities with a lower rate of children entering care are more likely to have a higher foster care rate. We also found a statistically significant relationship between the rate of children entering care and the child poverty rate of prefectures.

This chapter also argued that while the relationship between the occupancy rate of BIWIs and CWIs and the foster care rate is not statistically significant at a fixed point in time, a high occupancy rate in the institutions can act as a trigger for the development of foster care services. Teru's case suggests that the increased foster care rate, which reduces the CGC's reliance on welfare institutions, increases the CGC's power in relation to welfare institutions, effectively becoming a resource for the CGC.

This chapter also found that the relationship between the number of registered foster carers and the foster care rate is statistically significant. As with welfare institutions, the local authority's foster care capacity is determined by both the number of foster parents and the perceived quality of these carers. The number of registered foster parents who can be used is shaped by how many the CGC deems are able to care for children with minimal support, how many can care for children with more comprehensive support, and by the CGC's belief in their ability to provide or outsource this support. Despite their role in providing foster care services,

there is no statistically significant relationship between the number of foster care specialists in BIWIs and CWIs in a local authority and the foster care rate.

The perceived quality of the types of care can change rapidly, as shown in Tokyo's response to the death of an infant in foster care. This 'negative feedback loop' occurs more easily in foster care than institutional care, due to the CGC retaining more responsibility for children in foster care placements and the belief that abuse in foster care is more damaging to the child than abuse in institutions. The practice learning that does occur following abuse occurs at a local rather than national level, which inhibits the impact of abuse in care as a national trigger for change.

Individual staff members with expertise and experience are a crucial resource for the CGCs (Miwa, 2014; Yamamoto et al., 2008). The CGCs that have developed effective models to facilitate the acquisition and retention of knowledge, and systems that facilitate practice change from this knowledge, are more able to change policy implementation than those which have not. This is discussed further in Chapter 8, on organisational culture.

The findings of this chapter suggest some policy and practice changes that would increase the likelihood that plans to increase the foster care rate are successful. The two most important of these are the development of a foster care provider system, and the development of a system that allows the CGC to acquire, retain, and build upon expertise and experience specific to foster care service provision. The foster care provider system could be within the CGCs, as in Teru, or using external actors, in the same way that welfare institutions provide alternative care services. The system to cultivate knowledge could involve the hiring of long-term contract staff to support local bureaucrats, as occurs with clinical psychologists in Teru, or the creation of a 'specialist' social worker position that means that local authority bureaucrats are only rotated through posts that use these skills, in a similar way to the way that public teachers are only rotated through education posts. This would require the development of a comprehensive social work training programme and an accreditation system.

An easier first step would be to develop a system of sharing best practice across local authorities. The MHLW has attempted to do this before, most notably in its 2013 report outlining the development of foster services in Oita and Fukuoka City (MHLW SC, 2013a), yet most peer-to-peer policy and practice learning still occurs through personal networks. An increase in the number of foster parents would also lead to an increase in the foster care rate, though in order for this to be done safely there is a need to ensure the simultaneous development of foster care services.

Finally, all major guidelines on de-institutionalisation speak of the importance of transferring funding from institutional care to family-based care services and actively closing down institutions (European Commission, 2013; European Expert Group on the Transition from Institutional to Community-Based Care, 2009; Fox and Gotestam, 2003; Mulheir and Browne, 2007; Tobis, 2000; UNICEF, 2012; UNICEF and World Bank, 2003; UN Office of the High Commissioner for Human Rights, 2011; World Health Organization, 2010). The promotion of foster care requires dedicated resources at a national level in addition to those provided by local authorities.

Even if all these suggestions were to be implemented, change that does not consider the normative beliefs of those implementing policy is likely to fall short. The thesis next turns to these beliefs.

Chapter Seven. The impact of regional variation of norms on policy implementation

1. Introduction

Hasenfeld describes human service organisations as ‘an arena in which different moral values compete for dominance’ (2010: 29; see also Mashaw, 1983; Winter, 2001). The importance of norms in the CGCs is amplified due to the absence of ‘professional norms’ related to social work, the devolution of power to local authorities, and the limited nature of MHLW guidelines. There are no inspections on the decision-making process, limited reporting of data, and no consequences if national guidelines are not followed.

This chapter focuses on the decision-making process by which a child is removed from the family and placed into care. The decision on the placement type centres on three norms: the goals of care, the functions of different care placements, and the threshold above which a child is seen as unsuitable for foster care.

The most important of these is the function of foster care. The construction of foster care exists on a spectrum between a proxy for adoption to specialist ‘semi-professional’ care in a family setting. Where foster care is understood as a replacement family it can only be used for children for whom the goal of care is not family reunification. This is exacerbated by the construction of the family-bond as singular and discrete, which leads some foster care to be constructed as a threat. This chapter details the regional variation in these norms, focusing on Teru, which has a high foster care rate, and Irifune, which has a low foster care rate.

2. Regional variation in norms on the goals of care

The literature review focused on two goals of care: family reunification, and the cultivation of self-reliance.¹ The provision of a new family, either through adoption or long-term fostering, is a third goal of care (Kawamatsu, 2013).

The most important factor in a CGC's determination of the goal of care is the feasibility of the child returning home. There is a national checklist to help with this decision (Kawamatsu, 2013), but this does not provide clear guidance. Instead, the CGC makes this decision by assessing the strength of the family-bond and the family's present and future capacity to care. Where family reunification is considered impossible, the goal of care becomes cultivating self-reliance or finding a replacement family. This decision centres on the child's age and the complexity of their needs.

The CGC does not determine the goals of care on its own. The lack of judicial support and the court's position that family reunification is the goal of care strengthens the legal guardian's voice. The family courts' position is framed by the Child Welfare Act, Article 4, on the responsibilities of the nation and the public, and Article 11, on how to provide guidance to the guardian who abused the child, which assumes the goal of family reunification. This in turn connects with the political priority given to maintaining the family. Takeda, referencing Prime Minister Abe's (2006) book, argues that this discourse on the family is in turn linked to 'building a "beautiful" Japan' (2011: 59).

¹ One care-leaver expressed her disappointment that 'they speak about self-reliance, but it seems like they have no idea what self-reliance is. Self-reliance shouldn't be about being able to prepare food or do your own washing. It is more about mental self-reliance' (interview, 2012). Both foster care and CWI attempt to create an environment where 'particular skills... cultural norms, values and beliefs and rules for interacting with others' (Pelissier, 1991: 82) can be acquired. This can be seen in the emphasis on children using chopsticks correctly (Goldfarb, Forthcoming B) and doing daily greetings. This closely matches Allison's definition of self-reliance, as not 'the ability of the inclination to chart one's own course in life and act in isolation from others, but the aptitude to internalize certain habits of self-maintenance that are expected' (2000: 109).

This means this decision is a ‘joint production process’ (Meyers and Vorsanger, 2003: 246) between the CGC and the parent. Parental preference for welfare institutions (Kawamatsu, 2013; MHLW, 2012a; Miyajima, 2001; Tsuzaki, 2009), based on the belief that they pose less of a threat to their family-bond than foster care, often prevents the CGC from using foster care whatever the goal of care.

While the parent must be listened to, the child’s voice is usually absent from the decision-making process. Indeed, the decision is often not even explained to the child, leading Kawamatsu to outline the importance of ‘explaining politely to the child what will happen so that the child is not anxious over what is going to happen to them’ (2013: 41). Nakamura (2013), herself a care-leaver, is one of the rare voices problematizing this.

The caseworkers’ construction of the goals of care is also shaped by the available resources and the construction of the function of these resources, discussed in the following section. This thesis extends Brodtkin’s argument that ‘caseworkers... do not do just what they want or just what they are told to want. They do what they can’ (1997: 24), to acknowledge that what caseworkers ‘want’ is also shaped by the resources available to them.

Whether the goal of care is a new family, family reunification, or the development of self-reliance, placement stability is understood as critical in realising this goal. In each CGC I visited, I asked whether it would be preferable for a child in care from 2 to 18 years old to be in one CWI placement or a few foster care placements. All staff stated a preference for the single placement, though Teru staff were the most likely to express uncertainty.

This aversion to placement change was evident in the decision-making process in both CGCs. In Irifune, one caseworker noted that they ‘worry a little as this child has had one foster care placement breakdown and want to place with a foster carer who won’t have a placement breakdown again’. In Teru, one section head noted that ‘if he goes to a home and it breaks down could be more damaging than a placement that is more secure. If it goes well it would be

best in a house, but if it fails, having already had one foster care placement breakdown, he will feel a failure if another placement breaks down'. My fieldwork notes referred on several occasions to a 'pathological aversion to placement breakdown'.

Despite their concerns, Teru staff were more willing to accept risk to placement stability than Irifune staff were. This is because of differences in the constructions of the functions and merit of foster care placements, and differences in the way that risk is shared across staff.

In Teru, placement decisions occur within formal meetings. In these, senior managers take an active role in reshaping the caseworker's proposed plan of action. The consensus decision, once made, is written by all participants on their copy of the form. In Irifune, the placement decision is 'provisionally' made prior to the formal meeting. Where a caseworker is considering foster care, for example, they ask the foster care supervisor prior to the meeting if a suitable foster parent is available. A negative response results in foster care not being raised in the formal meeting. The caseworker types the provisional decision onto the forms prior to the meeting and this is rarely changed, with senior managers limiting themselves to clarifying reasoning or noting additional steps to be taken. This results in the caseworker, rather than the managers, determining the goal of care and shouldering responsibility for this decision.

There is also a difference between Teru and Irifune in their willingness to challenge the parents' goal of care. Caseworkers have a high degree of discretion in determining when to do this (Goldfarb, 2012). This leads Miyajima (2001: 35) to argue that:

parents always say they want their child back at some point in the future. If say, the child goes to foster care or adoption the parents feel their 'sins' more than if the child goes into an institution. So, the caseworker has to say—but it will be difficult for you to actually have the child back in the future right.

Kawamatsu also argues that 'from the perspective of the guardian, this [a placement into foster care] makes them feel that this is a denial of their way of child rearing' (2013: 42). A

placement into a professional welfare institution with specialist staff lessens the parents' sense of responsibility for the child entering care.

Teru staff are more willing to broach this and challenge the parent's goals of care than Irifune staff. Teru's increased foster care rate has come with a concerted effort to gain parental consent, with the recent appointment of a lawyer further strengthening the CGC. This includes developing materials for natal parents explaining what foster care is and why it is more suitable for some children's development, as well as training sessions on how to get parental consent. The Irifune CGC also recently created a pamphlet distinguishing foster care from adoption, though this is rarely used. In many cases it is assumed that the parent will not consent to foster care and the possibility is not even raised.

Teru staff's greater willingness to accept 'positive risk' and to challenge the parents' construction of the goals of care is shaped by the attitude of senior management and caseworkers towards foster care and the construction of its function, discussed below. The differences between Teru and Irifune also reflect the different weight afforded to the family-bond. Where the family-bond is considered the most important factor for a child's development there are cases where it is protected even where there is no possibility of family reunification, with the child's image of their family-bond prioritised over the possibility of a new family being created. This can lead to an institutional placement, in the belief that a foster care placement may lead the child to feel that they have 'been abandoned by their family' (Kawamatsu, 2013: 42). This was more frequent in Irifune than Teru.

The decision on the goals of care is based upon limited information, confined by parental preferences, and shaped within a legal and judicial system that prioritises family reunification. Any attempt to challenge these parameters, as Teru has done, requires concerted and consistent effort.

3. Regional variation in norms on the functions of different types of care

3.1 Introduction

The conclusion to Ren's case, discussed in Chapter 5, that it was 'better if he goes to a baby institution, [as he] won't think of them as new family, but as staff' neatly encapsulates a distinction between the functions of welfare institutions and foster care and how they are understood as impacting upon the family-bond. Yet the function of different placements is not uniformly understood across local authorities or within local authorities for children of different ages. The following section outlines the functions of different types of care and discusses how these impact upon regional variation of policy implementation.

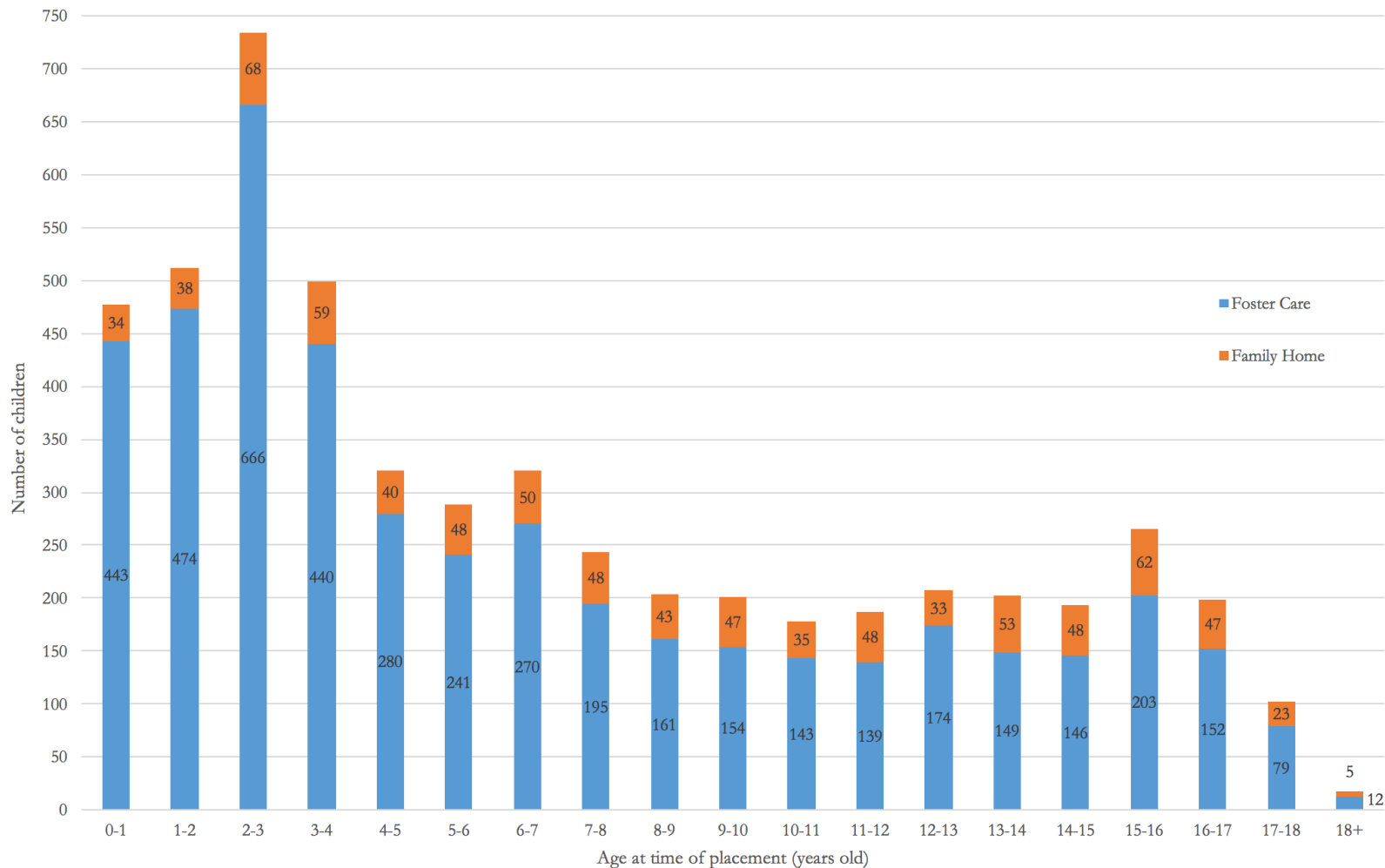
3.2 National overview

There is limited national data relating to the function of different placements. Some data that is instructive is age at time of placement into foster care (see Figure 53), and the percentage of children placed into each type of care by age group (Figure 54).²

In both figures there are two peaks of children entering foster care. For absolute numbers, these come at 2 years old and, in a smaller peak, at 15 years old. In terms of the percentage of children of each age group entering each care placement, foster care peaks at 1 year old and 17 years old.

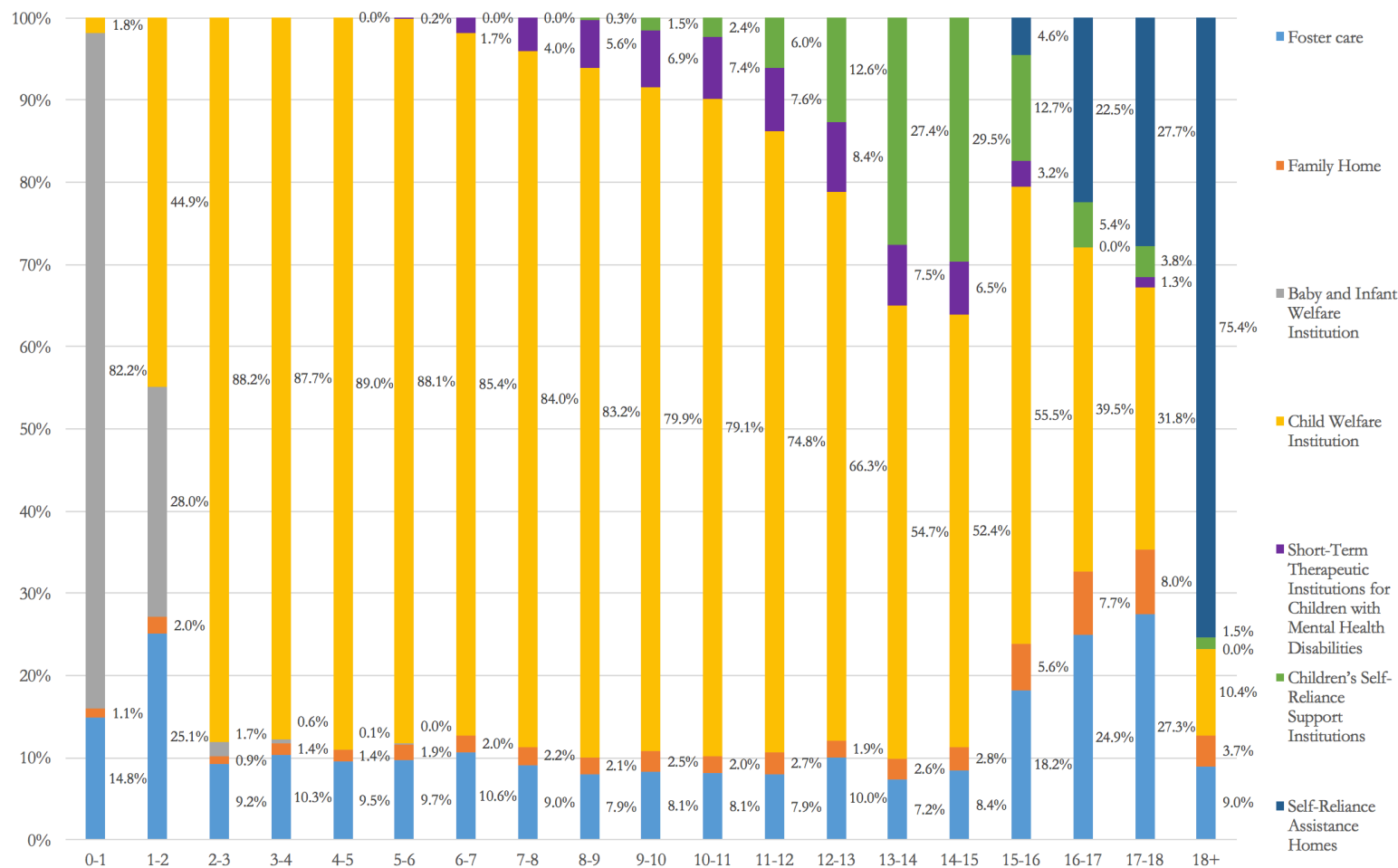
² This graph excludes mother and child supported living institutions on the basis that the child is still living with a family member.

Figure 53: Age at time of placement into foster care or family home. Nationwide, in care on February 1st 2013 (2)



Data Source: MHLW (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryou)*. 2016, January: 74

Figure 54: Percentage of children of each age group, at time of placement, by care placement. Nationwide, in care February 1st 2013. Excludes mother and child supported living institutions



Data Source: MHLW (2016a) *Shakai-teki yogo no genjou ni tsuite (sanka shiryu)*. 2016, January: 74

Compulsory education, which lasts from 6 to 15 years old, maps neatly onto both charts, with children older than 6 and younger than 15 less likely to go to foster care. These are close to historical transition ages: Hara and Minagawa argue that in the Tokugawa era (1603-1868) ‘one was considered to be an adult at about 15... Japanese since the late 12th century have generally considered the first seven years of life as the first half of childhood’ (1996: 16). This second transition also corresponds to the age at which children can undertake ‘normal’ adoption without parental consent, 15, and is close to the age of criminal responsibility, 14.

Foster care for children after this second transition is not based on the premise of building a new family-bond. A discussion in Yuno, between a senior administrator, a foster care caseworker, and a caseworker illustrates the function of foster care for elder children:

SA: So, [foster care] for junior high school students is hard?

FC CW: For older kids can think of it like a boarding house,³ a safe space to live.

CW: The... case is like that. Both parents died, two children, aged 23 and second grade of high school [16-17]. Elder child had been in a CWI. Tried to live together but the relationship... got very bad, had no money for food etc.... The younger child had an image of the CWI as the older brother had been there, but the older brother said it won’t be good for you.⁴ There was a new foster parent right by his school. Hadn’t ever had a child with them. Is a very earnest person, maybe too earnest foster care family. We started with a short term ish, one school term to see. The mother wanted to have a very deep relationship with the child, had an image of being like her own child. [The] Foster parents wanted to give love and emotion but child was just wanting to get on without love. The foster parents said to us, we are not wanting to be a guest house. We can’t.

Here CGC staff and the child saw the function of foster care as ‘a boarding house. A safe space to live’. This conflicted with the foster parents’ construction of foster care as a proxy for adoption, resulting in placement breakdown.

³ *Geshukun*.

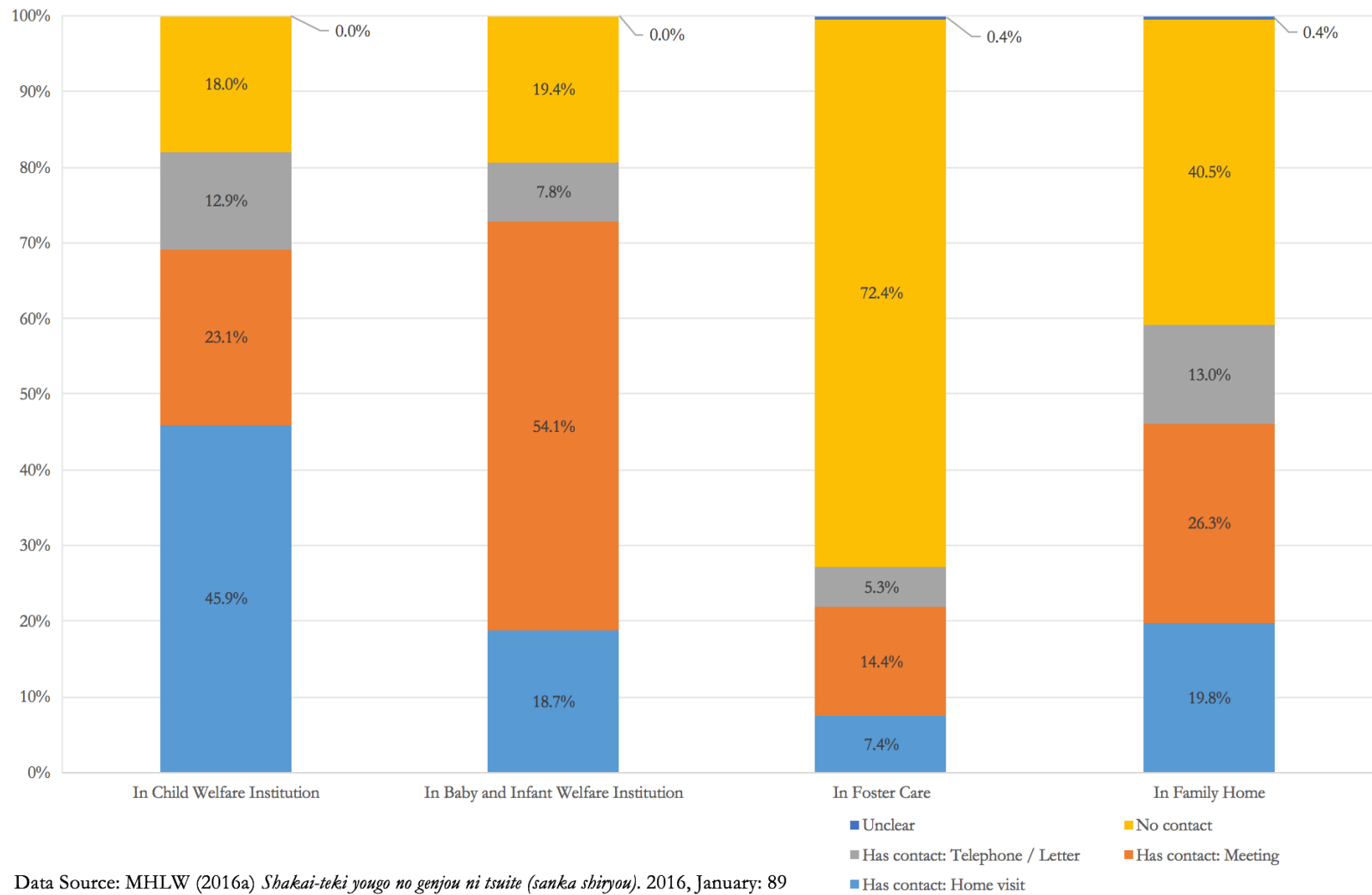
⁴ I saw several cases where the guardian had been in a CWI and preferred foster care. Conversely, one prefectural bureaucrat noted that about 40 per cent of children in that prefecture’s CWI came from families where at least one parent had been in a CWI (interview, 2012). Inter-generational cycles of care suggest serious issues in care systems.

There is also tension between different constructions of the function of foster care in Teru. At a monthly meeting, a foster parent explained how they had supported one foster child, who had been placed with them at 15 years old, through university, noting cautiously that she hadn't minded doing this, but that it had been expensive and that she was not sure she would be able to do it again. Here the foster parent was expected to perform the function of a natal parent, a function the foster parent implied the local authority should have performed, without having a family-bond with this child.

CGCs also use foster care for older children when the CWI is unwilling to care for them. In Teru and Irifune the CWIs' requests to move 'disruptive' children to foster care were always framed by the CWI as being in the best interest of the child, though the child had rarely been consulted. Cases where the child's volition is given weight are those where the decision is finely balanced, where the placement change involves leaving school, where the child repeatedly and forcefully expresses a preference, or where the child has been in care for a long period and is aware of their ability to disrupt placements.

National data on the presence of parents, on parental contact by placement type, and on the reasons for leaving the care placement also shed light on the functions of different care placements. Figure 55 shows the degree of contact with parents by placement type: 72.4 per cent of children in foster care have no contact with their parents, considerably more than the 18 per cent of children in CWIs and 19.4 per cent of children in BIWIs. Family homes sit between foster care and welfare institutions, with 40.5 per cent of children having no parental contact.

Figure 55: Degree of contact with parents by placement type. Nationwide, in care February 1st 2013

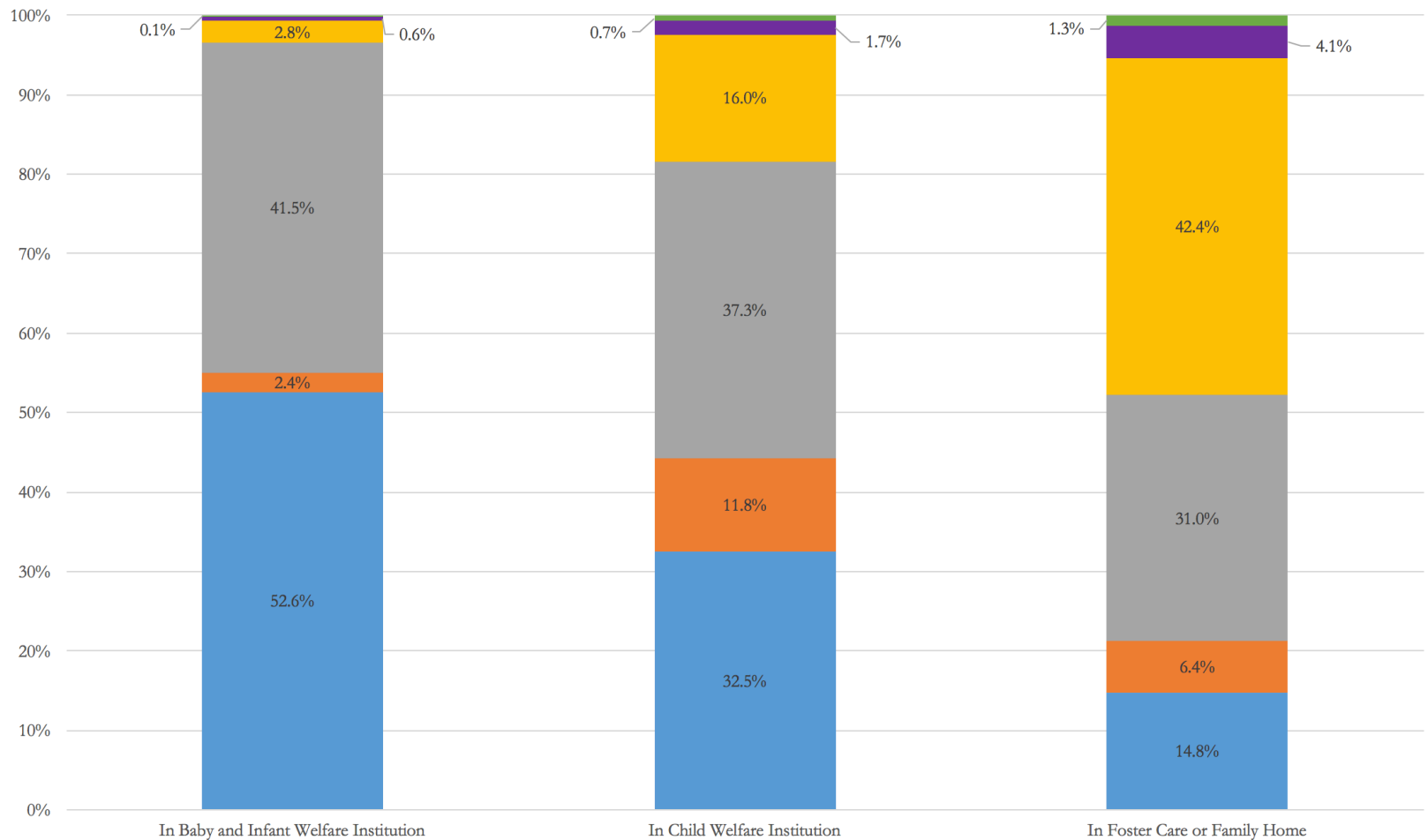


Data Source: MHLW (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryou)*. 2016, January: 89

Figures 56 and 57 show the presence of parents by placement type. Figure 56, organised by placement type, shows that children in foster care or family homes are far more likely to be from households where both parents are not present or their location is unknown than children in welfare institutions are. Figure 57, organised by the parents' status, shows that only 5.6 per cent of children from two-parent households enter foster care or family homes. This is considerably less than the 28.3 per cent of children from households where both parents are not present and the 25.5 per cent of children from households where both parents' location is unknown. Further, only 23.5 per cent of children leaving foster care in 2013 returned home, under half the percentage of children leaving CWIs (see Figure 58).

Finally, Figure 59 shows the placement duration by placement type for children. This data only reflects the duration of the most recent care placement, not the total length of time in care. There are three reasons why children are more likely to spend longer in welfare institutions than foster care, a statistic that seems to contradict the construction of foster care as a proxy for adoption. The first is that placement breakdowns are marginally more common in foster care than in CWIs (see Figure 58). The second is that 22.5 per cent of children leave foster care to be adopted (Figure 58). Finally, the use of foster care for older children increases the number of shorter placements. Having interrogated the national data, this section next examines the function of foster care and institutional care more closely.

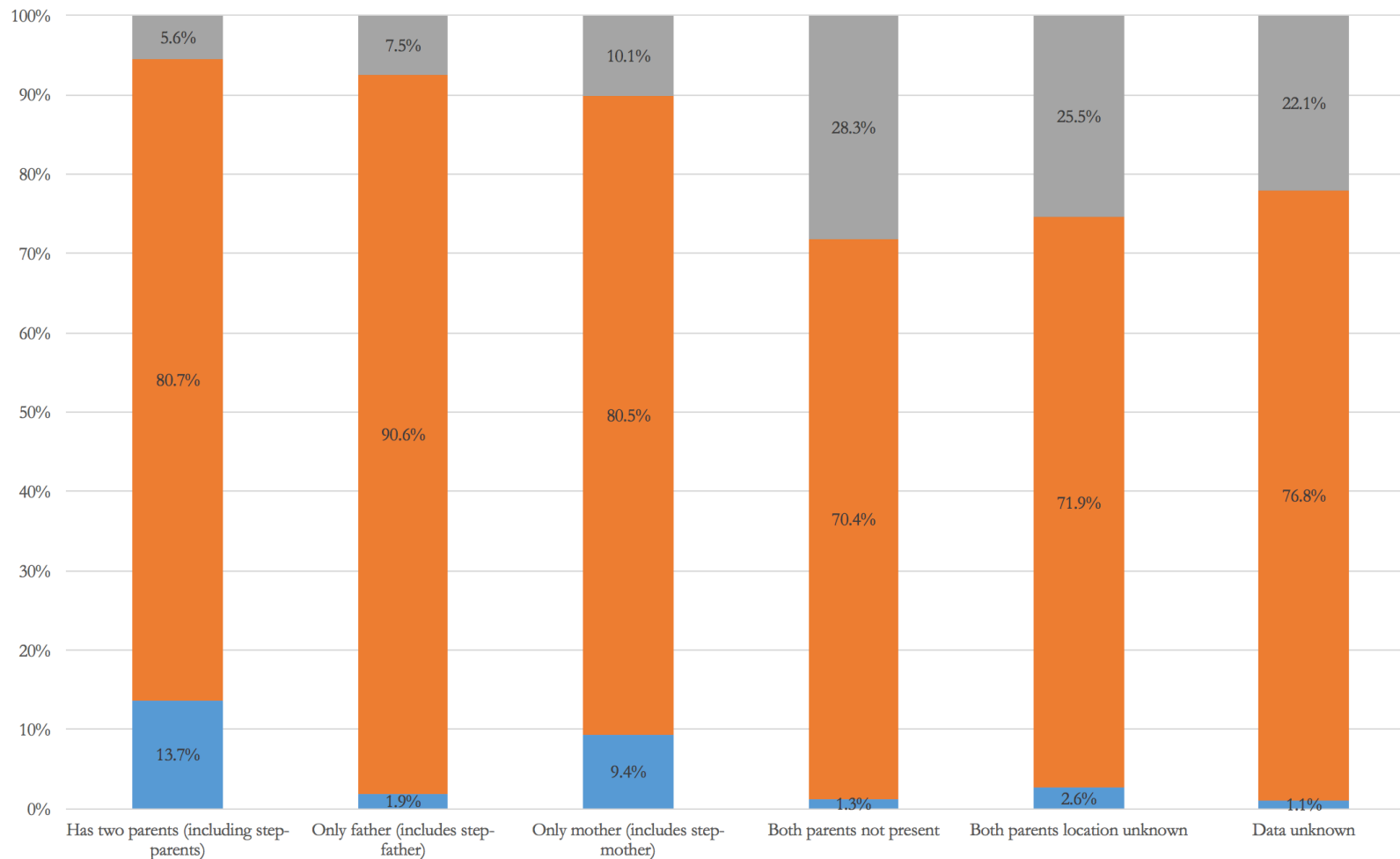
Figure 56: Presence of parents by care type (I). Nationwide, in care February 1st 2013



Data Source: MHLW (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*. 2016, January: 84

- Has two parents (including step-parents)
- Only mother (includes step-mother)
- Only father (includes step-father)
- Both parents not present
- Both parents location unknown
- Data unknown

Figure 57: Presence of parents by care type (II). Nationwide, in care February 1st 2013



Data Source: MHLW (2016a) *Shakai-teki yougo no genjou ni tsuite (sanka shiryou)*. 2016, January: 84

■ In Baby and Infant Welfare Institution

■ In Child Welfare Institution

■ In Foster Care or Family Home

Figure 58: Reason for leaving care by placement type. Nationwide, left care during 2012-2013

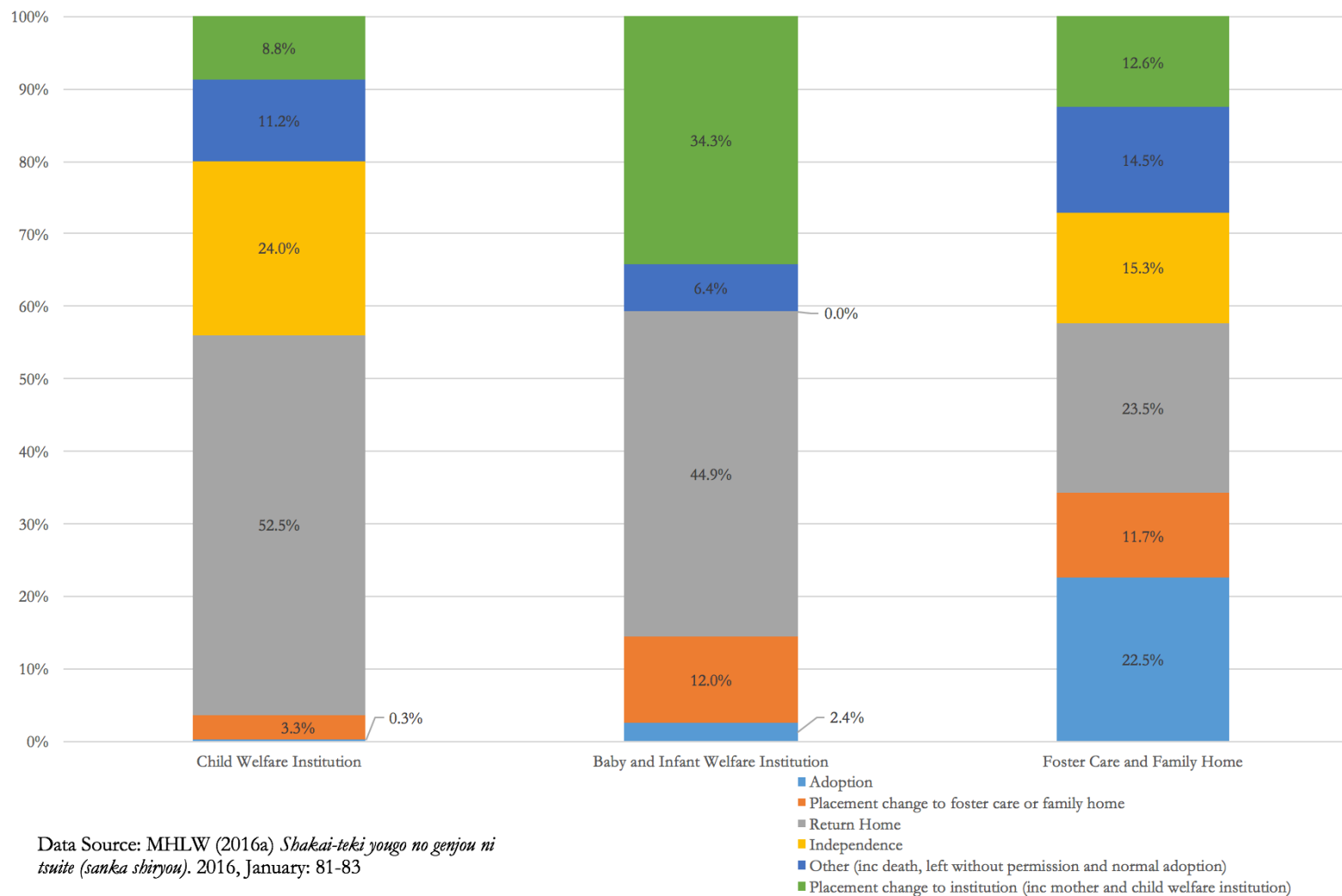
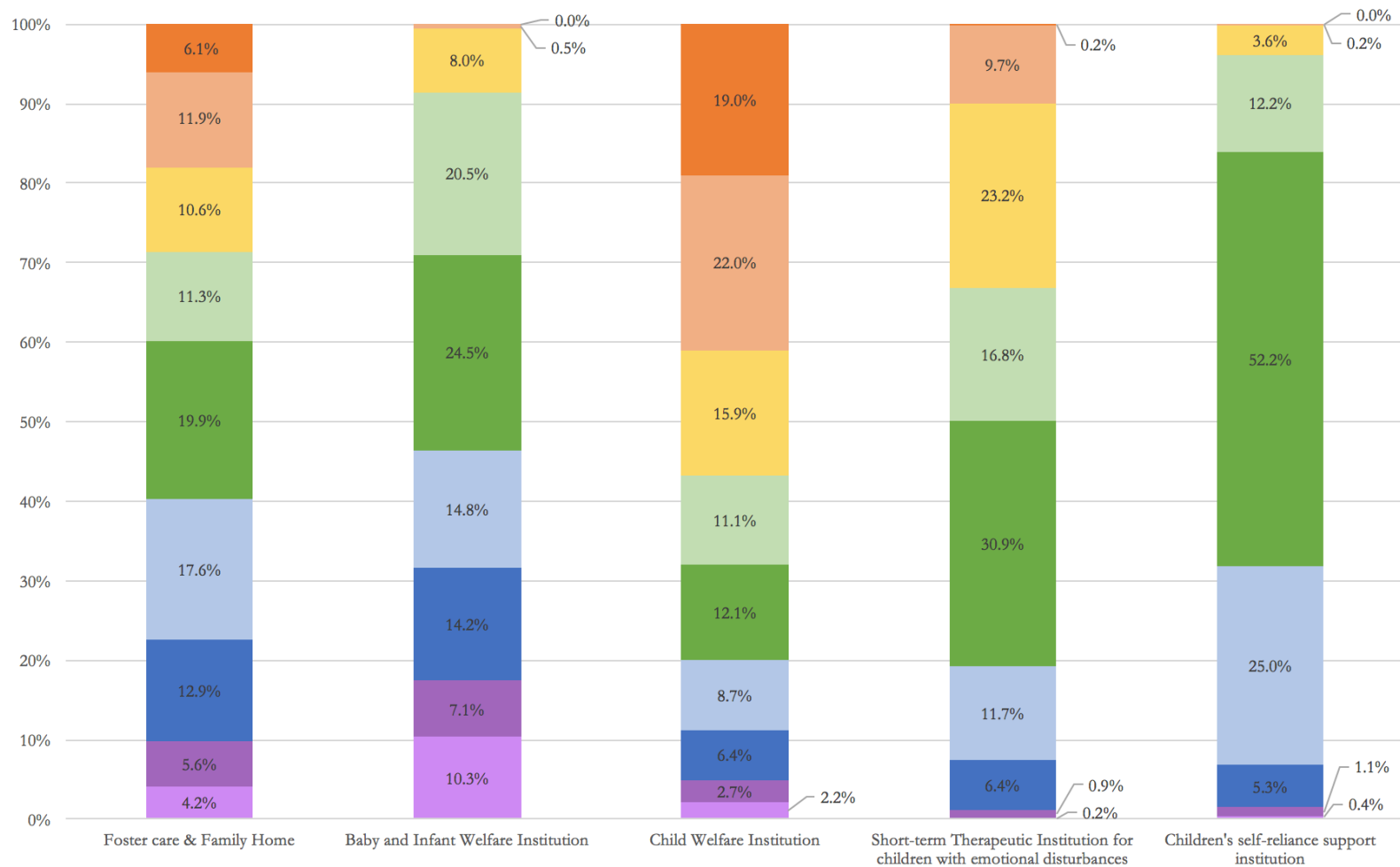


Figure 59: Placement duration by placement type. Nationwide, left care in 2012-2013



Data Source: MHLW (2016a) *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*. 2016, January: 89

Legend: 0-1 month (light purple), 1-2 months (purple), 2-6 months (dark blue), 6-12 months (light blue), 1-2 years (green), 2-3 years (light green), 3-5 years (yellow), 5-10 years (orange), 10+ years (dark orange)

3.3 Foster care

The function of foster care is increasingly contested. Two ongoing debates, on the introduction of maternity and paternity leave for foster parents and on the classification of family homes, illustrate this.

Since 2014, some within the National Foster Care Association have advocated for child rearing leave for foster parents, in the belief that the lack of leave acts as a barrier to potential foster parents (NHK, 2015). Such is the strength of conviction that this was the discussion topic the first time a foster parent spoke at the Liberal Democratic Party's 'Committee to think about the future of alternative care', in 2015. Other foster parents and activists oppose this, concerned that introducing leave would further equate foster care with adoption, leaving CGCs less willing to use non-long-term foster care.

Statistics defining the foster care rate consider family homes as foster care, yet family-homes are distinguished from foster care in all other reporting.⁵ The liminal status of family homes, as private and public, familial and professional, begins in their legal status. The Child Welfare Act distinguishes family homes, which it defines as 'small-scale home-type child-rearing businesses' (Article 6-3-8), from other foster care. Kashiwame outlines how this ambiguity led to debate at the fourth annual national Family Home Association meeting on the tension between being a business and providing 'homely warmth' (2010). By the ninth annual meeting, in 2014, the focus of these foster parents was more pragmatic, with the dominant concern being that local authorities were encouraging them to leave employment and to see their family home as their job, but then not placing enough children to ensure financial sustainability.

⁵ Tsuzaki posits that Japan may have classified family-homes as foster care to inflate numbers for UN reporting (Goldfarb, 2012: 125).

Some foster parents running family homes have reacted to this ambiguity by emphasising what I called in my fieldwork notes ‘an idealised Ghibli-esque⁶ Japanese childhood – Japanese traditional values and countryside ideals’. During a visit to a Teru family home, run by experienced foster parents, the foster father gave me a small talk with slides. He noted that the strengths of his home were that ‘it is a countryside place, in nature. Of course that is a very important thing for children, to play in nature and realise the importance of life. In the winter they play in the snow and cook on a wood burning stove’. The foster father continued, explaining that his relative ‘has a temple and they have a dog and a cat. The animals are very important staff for the children!’ The slideshow concluded with letters that children had written to the foster parents when they left, highlighting their continued connection.

At the other end of the spectrum exist family homes that are run by ex-CWI staff. Some CWIs offer an accounting and budgeting package to family homes, and in some cases children in the family home follow CWI rules, on the basis that it would be ‘unfair’ for these children to be allowed to do things that those in the institution are not.⁷ These family homes would not be classified as foster care under the UN Guidelines for the Alternative Care of Children, which states that fostering occurs ‘in the domestic environment of a family’ (2010, Article 29-c-iii; see also Mulheir and Brown, 2007).

In an attempt to clarify the difference between family-homes and small community-based CWIs, in 2012 the MHLW issued the ‘Clarification of the requirements of family homes’ (2016b: 44-45). Ongoing debates on this issue focus on the carers’ past and the atmosphere and care style of the home (Goldfarb, 2012; National Family Home Association, 2012).

⁶ Studio Ghibli are a Japanese animation company that produces films that often reflect on the beauty, simplicity and purity of a Japanese countryside way of life.

⁷ For example, forbidding children to play in a local park on certain days.

National debates on the function of foster care are echoed within local authorities. Challenges with adoption mean that all local authorities construct some foster care as proxy-adoption. Similarly, almost all local authorities use some foster care as a 'boarding house' for older children. This section focuses on the differences between Teru and Irifune in the function of 'non-adoption' foster care for children under 15 years old.

Marketing material aimed at raising awareness of foster care and recruiting foster parents makes explicit the differences in the construction of the function of foster care. Figure 60, given for context, shows two images used in a national MHLW foster care campaign (MHLW, 2015g). These images, both of which feature one child with a young couple, evoke family activities and suggest the filling of an 'empty nest'.

In their marketing, Irifune's construction of foster care is as a replacement family. Figure 61 shows a newborn baby entering a family, surrounded by a giant heart, to the delight of grandparents. Everyone's gaze is turned to the contented baby, suggesting that the older child sat on the grandfathers' knee is a natal child rather than a foster child of the older couple. Figure 62 shows three other images from Irifune. These images, like Figure 61, call to mind a foster carer, cited by Kikuchi, who was told by a CGC 'we have no children who don't have parents so we don't have any children eligible for foster care' (2007: 150).

The Irifune CGC has outsourced the recruitment and training of foster care to a BIWI. This BIWI's construction of foster care corresponds with the marketing material. At a recruitment event for people with an interest in foster care, the BIWI head explained that:

There are around ... children [in Irifune] who cannot be cared for by their parents. One third of these have no way of going home to their natal parents. The foster care system is for these children... If you know that there is a foster parent or child around you, I would like you to know that they are normal kids in a normal house and please treat them warmly.

Figure 60: Marketing foster care. MHLW



Source: MHLW. (2015g). *Hyōmen satooya seido fukyū tame no rifurettodezain nyūkō. Satooya ni narimasen ka? Anata o matte iru kodomo-tachi ga imasu.*

Figure 61: Marketing foster care. Iriune 1

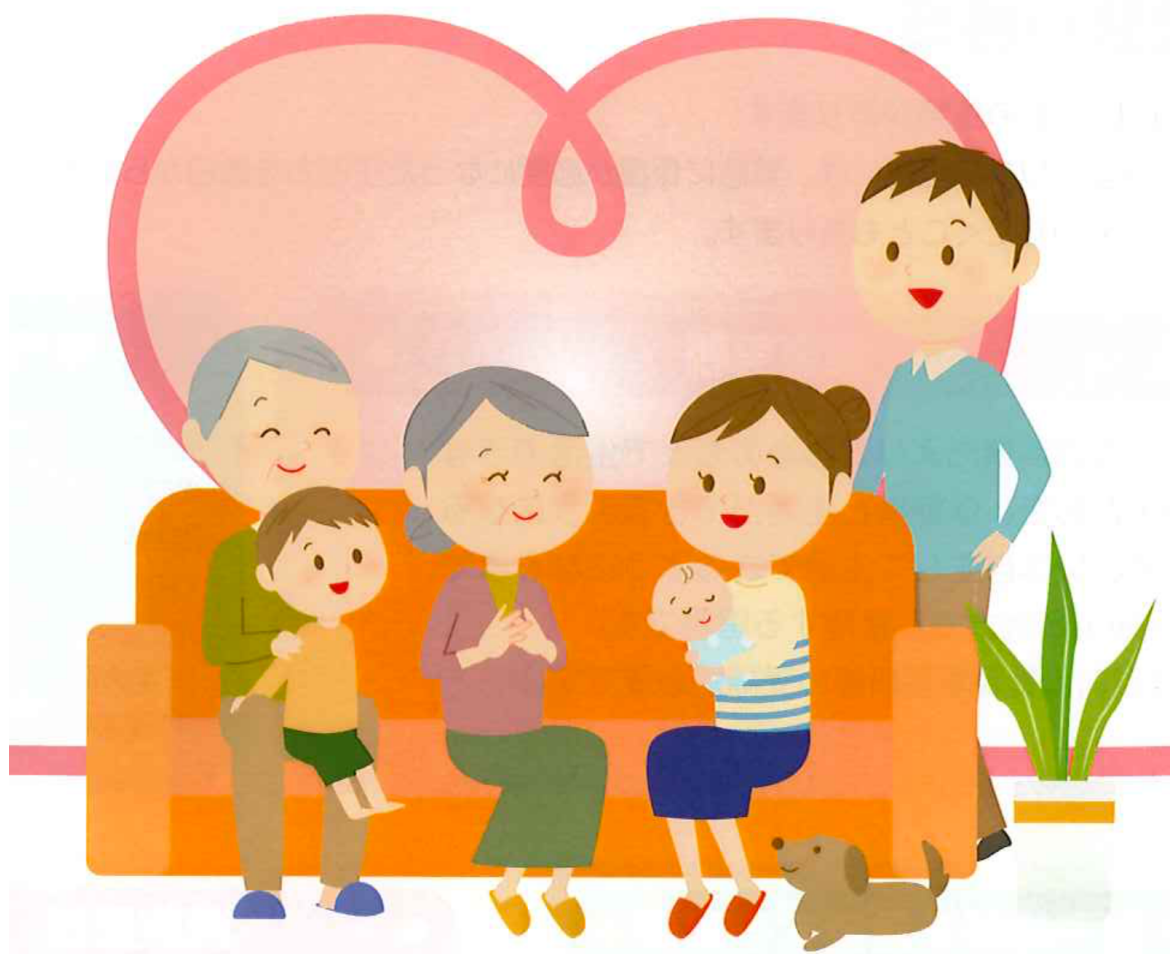


Figure 62: Marketing foster care. Irifune 2, 3, 4



The BIWI foster care counsellor did later explain the legal difference between adoption and foster care, but the session was concluded by the BIWI head stating:

On [date], there was a lecture at [BIWI]. We had talks about foster care and abuse and explained the difference between adoption and fostering. I asked many children about their situation. They didn't distinguish between adoption and foster care, they just said I am happy with Mr/Ms X, and that they are happy to be living there. It is like the old days.

The images used in Teru suggest a more diverse construction of foster care. The first difference is that Teru's promotional material distinguishes three types of foster care: regular foster care (Figure 63), foster care with a view to adopt (Figure 64), and family homes (Figure 65).

Figure 63: Marketing foster care. Teru. Foster care.



Figure 64: Marketing foster care. Teru. Foster care with a view to adopt



Figure 65: Marketing foster care. Teru. Family homes



These images are simpler, less emotive, and not set in the context of a family activity. The age of the children differs, with foster care with a view to adoption showing an older child rather than a baby. The family home image is the first shown in promotional material. The age difference here means that the children cannot be mistaken as natal children. It is possible that the image of older foster parents aims to suggest experience or encourage older potential foster parents.

The diverse representations of foster care reflect the Teru CGC's construction of foster care, which senior managers are actively trying to broaden. The most obvious example of this during my fieldwork was a 'treatment foster care' pilot, distinct from the 'specialist foster carers' designation. A discussion in a Teru case meeting speaks to why the 'treatment foster care' pilot was created:

SM1: At the moment it is still too easy to become a specialist foster parent. If you have the experience and do the course you will become a [specialist] foster parent. Just because they are classed as a specialist doesn't mean they are.

SM2: There are more people with specialist status, but they are mostly family homes...

SM1: I haven't yet placed a child into specialist foster care just because of the abuse history of a child.

...

FCSH:⁸ Why aren't tough kids in specialist foster care?

SM1: At the moment they go to CWIs.

This pilot scheme saw Hinata, an 8-year-old boy with complex care needs that would normally have seen him placed into a CWI, enter foster care. This pilot had more caseworker support and a structured individual care plan aiming at family reintegration. The caseworker explained he was 'now doing interviews every two weeks and phone support, this is like American treatment foster care. However there are still limits to how well we are doing this'. This pilot represents a conscious attempt in Teru to push the boundaries of both the 'type' of child that can enter foster care and what foster care is.

⁸ Foster care section head.

There were also occasional attempts to place a child who would normally enter institutional care into foster care in Irifune. The critical difference between the two CGCs is that in Teru these attempts were part of sustained efforts to expand the function of foster care, while in Irifune these were understood as ‘one-offs’. A discussion with a section head in Irifune demonstrates this.

In two separate cases, a child had been locked in a room with no stimulus for several years. Both children were diagnosed with attachment disorder and received hospital treatment before entering care. One child, whose sibling had been starved to death by their parents, was placed into a specialist welfare institution;⁹ the other entered foster care.

Both children were described as ‘robot-like’ when they entered care. The section head explained that the child in the specialist welfare institution was now ‘more human-like’,¹⁰ and that the child in foster care ‘is now so “normal” that many people would have no idea he had a difficult past, he passes as a child. Perhaps child specialists would notice some small things different about him, but neighbourhood people wouldn’t notice at all’.

The decision to place this child into foster care had been made because a caseworker posited that if a lack of attachment had been the cause of the child’s issues, a new attachment may resolve them. This decision was possible as the CGC had one particularly experienced foster carer: the section head explained, ‘The strength of this foster carer is that that they live way out in the countryside and had the support of the whole community. Is the kind of traditional little town where if the kid is being naughty in town other people will tell him off’.

⁹ Neither parent was charged by police. The CGC staff believed that this was because the police were unclear which parent held responsibility. The lack of a charge inhibited the CGC taking the case to court, and meant that the placement was made with parental consent. During my fieldwork the mother contacted the CGC, asking them to return the child. The staff member was mortified, explaining that the CGC could delay this with bureaucratic measures but had no legal power to prevent this.

¹⁰ *motto ningen-rashiku natte.*

While the child in foster care was understood to have made considerably more progress than the child in institutional care, the section head felt that ‘there was also some luck in how the child and the foster parents clicked and if had been placed with another foster parent could have ended up being abused’.

Explaining the increased foster care rate in Teru, Sano explained that one of the most important factors was a sea-change in the caseworkers’ attitude towards foster care. Sano explained that this change stemmed from caseworkers seeing placements in foster care going better than they had expected, and better than they would have expected in institutional care. Unlike in Irifune, where success in placements was linked to luck, in Teru this created a positive feedback loop. Other CGC staff explained that this was the result of strong clear leadership that supported caseworkers in taking positive risks, in trying foster care placements for children who would previously have gone to institutional care.

The sustained and consistent approach of senior managers towards expanding the function of foster care means that in Teru placement breakdowns are cases to learn from, rather than a reason to abandon change, and placement successes are evidence that the direction of change is a positive one, rather than a stroke of luck. The broader construction of foster care in Teru means that it is seen as suitable for a broader range of children than in Irifune, including for children for whom the goal of care is family reunification.

While there is regional variation, at a national level the construction of the function of foster care is considerably narrower than in many other OECD countries. There is, for example, very little LGBT fostering in Japan, despite recent attempts from NPOs such as Rainbow Foster Care to promote this. One case in Teru, which had the broadest construction of the function of foster care of any CGC I visited, highlights the limited breadth of this construction.

Following the divorce of an experienced foster parent couple, the father, who was a ‘great foster parent’, continued fostering the two children. The foster carer lived simply on the

allowance he was paid for caring for the two children and showed ‘no signs’ of getting a job. The foster care section head reported an ‘unsettled atmosphere amongst the foster carers’, who were ‘asking if this was ok’. One caseworker joked that ‘he would be a good househusband, if he had a wife!’, to which a senior manager smiled and responded:

The model is about showing kids a working employed family. This is very important for the kids to see. This is the line we can press him on, can be farming, whatever, just show them you are working and earning money. Is a normal family model which foster care is based on.

It is possible that the increased use of family homes, *Tenrikyo* foster parents, and semi-professional foster *carers* will eventually start to challenge the idea of a child as only being able to have one family bond. Until then, attempts to increase the foster care rate will need to focus on expanding the function of foster care, as Teru has done.

Having considered the impact of the different constructions of the function of foster care in Irifune and Teru on policy implementation, this chapter next turns to the function of welfare institutions.

3.4 Welfare institutions

The continued use of large-scale welfare institutions is gradually being problematized within Japan. The 2010 Vision on Children and Childrearing called for CWIs to become smaller, setting a target of having no more than 45 children in the main building, organised into units of six to eight. The Vision is less explicit about BIWIs, though later MHLW plans (2016c: 19, 24) call for BIWIs to be reduced in size and converted from dormitory-style into unit-style institutions. An image from a 2013 Red Cross newsletter (see Figure 66), captures the ‘feel’ of the BIWIs.

Figure 66: Inside a BIWI



Source: Japanese Red Cross Society, 2013: 3

There are two international NGOs currently considering funding research into the effect of institutionalising babies and infants in Japan. When I asked an MHLW bureaucrat about this, they replied:

I think the BIWIs should do research to show that their care does not affect the children's development, but, the problem with that is, if it does show that children leaving the BIWIs have lower IQs... or that they have attachment disorders... then I fear people will give up on children and adults who were previously in BIWI, they will think – Oh, this child was in BIWI so I can't do anything to help them – and the children who were in BIWIs will be stigmatised.

Were this research to occur and produce similar findings to work elsewhere (see Nelson et al., 2007) it could have a large impact on the construction of the function of BIWIs. The Teru CGC is already concerned about the impact that BIWIs can have upon a child's development, concerns not found in most local authorities. A discussion during a decision-meeting in Teru illustrates these concerns:

SM1: BIWI kids are always slow with development. They need experience, they don't have much experience of these things. This kid is about normal [for having been in a BIWI], as there are many things that they don't do with the kids in the BIWI.

SM2: What does this development thing mean – food, toilet etc.?

SM3: This BWI doesn't do toilet training... Wear nappies until 3.

SM1: That is crazy.

SM3: The BIWI thought it was normal... said they are too busy.

CP:¹¹ The staff said it isn't us, it's the system we work in.

SM3: Can't dress themselves etc. Will be some problems moving to [the different care placement]. Maybe a problem with this BIWI rather than all BIWI.

SM1: Yeah, compared to X BIWI this one is worse.

SM4: Not Y BIWI's problem, is our problem. For leaving kids in these facilities for so long.

SM1: But need parental consent right?

SM4: Yeah.

CW: In this case the mother suddenly changed her mind and said yes.

SM4: Ideally we want to be aiming for specialist foster carers rather than BIWIs.

¹¹ Clinical psychologist

Similar concerns were raised in a second case in Teru, where a baby had been placed into a BIWI in the expectation that they would return home within six months but had eventually stayed for several years.

SM1: So, has been in BIWI since basically birth... We need to focus not just on child developmental issues when we go to the BIWI, we should also consider the parent-child relationship a little more.

...

SM2: Here seems to have not had a terrible effect, however we really don't want these cases where a child ends up staying 2-3 years *zuruzuru*, should be looking at foster care, adoption. We need to explain to the parents BIWIs are bad for children.

The term *zuruzuru*, to slide or drift, was often used in Teru to describe cases where the child had remained longer than anticipated in institutional care. Concerns over long-term institutionalisation led Teru to establish a new section in 2015 to review cases of children who had been in institutional care for five or more years, to determine whether they could return home or move to foster care.

Despite their concerns, staff in the Teru CGC are not opposed to institutional care, and in both Teru and Irifune welfare institutions are sometimes considered the most suitable placement. The first reason for this is that welfare institutions are seen protecting an existing or potential family-bond. In one case, of an infant who was moving from a BIWI to a foster parent to be adopted, a senior manager said, 'it is good that it is [X] BIWI, not [Y] BIWI. Seems to be that is not particularly attached to any staff member in particular.'

The second reason is that welfare institutions are sometimes seen as the best environment for a child's development. An example of this in Teru saw a caseworker argue, 'I don't think it is a good thing for her to go home. I think for her development would be better for her to be in a CWI. When she was in [X] CWI she really grew and developed, and had good relationships with adults.'

The third reason is that welfare institutions are sometimes seen as more capable of dealing with complex needs. At times this seemed logical, for older children with challenging

profiles; in other instances I felt less comfortable, such as when a baby entered a BIWI as ‘this child cries a lot, so will be difficult for foster carers, perhaps’. Finally, welfare institutions are sometimes preferred as they allow siblings to stay together.

Family homes are normally understood as being ‘in-between’ institutions and foster parents in terms of the complexity of needs that they can cater for, though some family homes and foster parents are seen as providing an exceptional level of care. A discussion in Teru illustrates the ‘in-between’ role of family homes:

SM1: So, needs to be a CWI that is far away and with no stress.

SM2: A CWI with no stress??

[All giggled]

SM1: Well, low stress! Seems hard for foster care.

FCSH: Hmm... [tone implied yes]

SM2: Minimum would have to be family home.

FCSH: At moment only two have space.

SM1: His age would clash with the kids there right?

FCSH: There are younger kids in the family home but not the same age.

TCW:¹² He is aggressive to younger kids.

This child was placed into a CWI, in part due to the impact he would have had on the children in the available family homes. This decision was also based on the temporary care worker’s assessment that the child has a need for ‘thoughtful guidance and rules’, that he ‘listens carefully to staff when told off’ and that the ‘re-establishment of a good life rhythm’ had been very important in his development in temporary care.

In Irifune the use of welfare institutions is not problematized. As in Teru, BIWIs were often used in Irifune to facilitate the possibility of family reunification. In one case, the caseworker explained:

I am worried about long-term ability to care for this child, and think [the] baby should enter BIWI on permanent not temporary basis. I want mother to start seeing the baby regularly, if it

¹² Temporary care worker.

seems that the mother will not be able to care for the child long-term and it will be long term in care I want to look at foster care.

A second case in Irifune highlights how BIWIs are understood as the most suitable placement for children who have particular care needs. This case also highlights how the Irifune CGC actively pursue foster care placements for babies and infants for whom the goal of care is not family reunification.

SM1: The mother wants to care and tries best but not connected to ability in reality to care for the child.

...

SM2: I think if goes to foster care could well become adoption so need to start moving faster, and start relationship with foster parent earlier. Need to clarify more clearly if this is going to be long-term and if it isn't then look at foster care and adoption earlier.

SH: What does she think about foster care?

CW: She hasn't said no to foster care but wants the child back.

SM1: There is no reason on the kid's side why the kid has to be in BIWI not foster?

CW: No.

SM3: If the BIWI can care for now normally, and no special needs.

CW: The carer there said is normal.

SM1: So, we need to clarify this foster care situation based on whether she [the natal mother] isn't going to get married, and when know what is happening place in foster care, don't want to start thinking about CWI. Need to speed up this process.

SH: Need to write clearly – This is a 3-month placement in BIWI then will find foster care, something like that. Don't want to let this slip [*zuruzuru*].

Irifune's concern over 'slipping' mirrors Teru's. In a separate case in Irifune, the caseworker used the stronger term *sutego*, abandoned child: 'There is a possibility they may end up being a *sutego* in a CWI. We should look at foster care... Don't want the child to end up in an institution until 18.'

As in Teru, in Irifune welfare institutions were seen as the most suitable for children with more complex needs. In one case, when questioned on whether a 10-year-old boy could enter foster care, the caseworker responded, 'I think he struggles to express his opinion, so is possible could get stressed and internalise it and then explode, and would be very tough for foster carers. Has also smashed windows, set small fires with loo paper, so perhaps a bit problematic for a foster parent.' In another case, of a child who had closed himself off from

the world, the supervising clinical psychologist noted that it ‘would be good [for him] to be around other children. At [the] moment... can only communicate on internet or with violence.’

Care placements can be placed onto a spectrum, from care being based upon the family-bond to it being understood as professional. Figure 67 represents the CGCs’ baseline understanding of this spectrum of alternative care. Specific care providers can occupy a different place on this spectrum: in one local authority, for example, all children who returned from the two national self-reliance support institutions, which care for children with the most challenging backgrounds, were placed into a specific family home.

The construction of the function of welfare institutions can change, including following abuse scandals. There were cases of abuse within welfare institutions during my fieldwork in both Teru and Irifune. These provoked a stronger reaction in Teru than they did in Irifune. In one case in Irifune a CWI staff member used excessive physical force on a child, who then complained to the CWI and the CGC. One caseworker noted, ‘We keep having reports about this staff member, came up in the [X] case too... whenever we have reports from this CWI it is often this person.’ A senior manager responded, ‘I think the CWI needs to think about this person, it is a risk to keep employing them. People’s character doesn’t change.’ One senior manager noted that they would ‘need to say to the CWI that they need to consider kids’ concerns more seriously. May have to say to them, there are now some things you have to do, may have been ok in the past not to do so’. The meeting closed as follows:

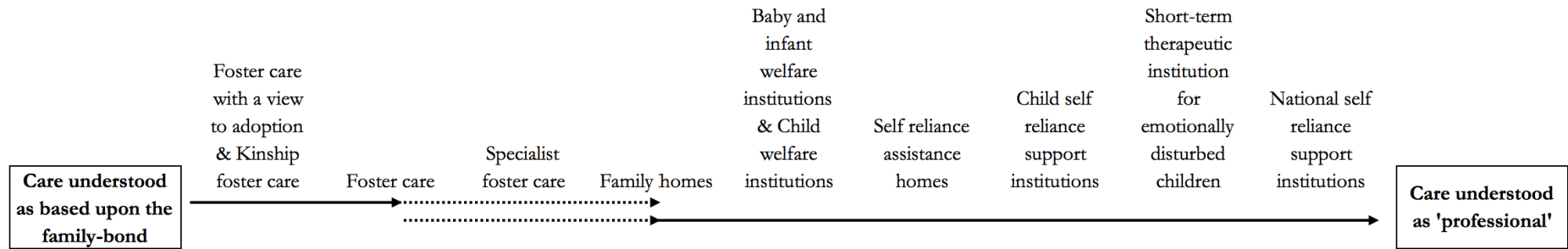
SM1: There is another case of abuse happening in CWI we will have to discuss soon

CW: Same institution?

SM1: No, this time is [Y] CWI

SM2: [Y] CWI again?!

Figure 67: An overview of the spectrum of alternative care



In addition to speaking with welfare institution staff, CGCs can limit or withhold further placements into an institution until they believe that an issue has been sufficiently addressed. The Teru CGC has used this tool effectively: following one abuse case in a CWI the Teru CGC stopped all placements for a full year, which one senior manager stated had led to ‘a big change in how the CWI listened to the CGC’. This decision also contributed to further investment into foster care, as, unlike in Irifune, the remaining welfare institutions could not meet the required placements. Paradoxically, Irifune’s greater institutional capacity has limited abuse in institutions acting as a trigger for change. The expansion of capacity in foster care in Teru has further strengthened the CGC’s ability to pressure the CWIs, visible in the reform of the majority of the Teru CWIs to unit-style.

Both Teru and Irifune use welfare institutions as a constructed limbo space to protect the family-bond of children for whom the goal of care is family reunification. Both also use institutions for children with complex needs, for children whose profile suggests that they will develop more in institutional care, and to keep sibling groups together.

Both Teru and Irifune also have concerns over specific institutions. Where the CGCs differ is that Teru considers these issues to be systemic rather than the fault of individuals, leading to the re-evaluation of the function of institutional care, rather than just the quality of specific institutions. The connection of these concerns to practice and policy change in Teru, including the development of alternate capacity in foster care, is facilitated by the long placements of senior managers in Teru, and prompted by the limited capacity of the welfare institutions. Teru’s response to stop placements for a year contrasts with Irifune’s decisions to temporarily limit capacity, or to have a quiet word with CWI staff and hope that they discipline the staff member. The longevity of the staff in the Teru CGC also allows them to act with more confidence in discussions with welfare institutions than the Irifune CGC does. Having

considered regional variation in the function of different types of care, this chapter next turns to the threshold until which a child is seen as suitable for foster care.

4. Regional variation in norms on the threshold until which a child can enter foster care

This chapter has established that placements are determined by the constructions of the goals of care and of the function of different placements. The third norm that affects the decision-making process is the threshold above which a child is seen as unsuitable for foster care (Miwa, 2016). This threshold largely depends on the child's age and the complexity of their needs.

The construction of the goals of care and the function of different placements impact upon this threshold: where foster care understood to be semi-professional, it is seen as better able to cope with children with complex needs and children for whom the goal of care is family reunification than foster care that is understood as based upon the family-bond.

The age of a child is not only understood in terms of a threshold. In Teru, Yuno and Irifune there was an aversion to placing a child into a foster care placement where there was another child of the same age, linked to concerns over the child having their own place in the family. CGC staff also consider how the child interacts with children of other ages, as in the case discussed earlier, where a child who is aggressive to younger children was not placed into a family home with younger children in it.

In addition to age and complexity of needs, other variables were on occasion important in defining this threshold. These included the construction of the child's vulnerability, the danger they posed to others, the danger they posed to themselves, their strength of character, intelligence, social class, and ability to function in society, for which school attendance is often used as a proxy, their sense of belonging, their ability to understand what is happening to them, their ability to send out an SOS, their ability to function in a group, their specific care needs, often linked to abuse history, and even, in one case, their allergies.

In a similar manner to the British social workers in Giller and Morris' (1981) 'What type of case is this?', CGC staff often compared children to previous cases. This was more prevalent in Teru than Irifune, in part as staff there had more experience to draw upon. These comparisons attempted to project a child's trajectory in different care placements. Different constructions of the child saw the same care placement being constructed as safe or dangerous, as being a state of limbo in a negative or a positive way, as aiming at correcting the behaviour of one child or as facilitating the continued good behaviour of another. At times a change of environment was seen as beneficial, while in other less common cases a similar environment was seen as serving the child's best interests.

Returning to the age threshold, non-public data shows that in Irifune there is a sharp drop in the number of children entering foster care at 7 years old, and in Teru at 9 years old. This is connected to the fact that Teru has more 'semi-professional' foster care, more capacity to support foster care, and more experience with school-aged children in foster care to draw on.

Even though foster care is not aiming for the creation of a new family-bond for children above this local age threshold, it can still be seen as problematic. Discussing the case of a 9-year-old boy, Sano explained that it 'is hard for this age of kids to go to foster care right... It becomes a small trauma for them'. This idea was found in other cases in both other fieldwork sites, and relates to the desire to protect the child's image of their natal family by not exposing it to unfavourable comparisons. Older children are understood as more able to compare and contrast, and to realise the extent of the challenges they have faced in their family, which is sometimes seen as damaging their family-bond and reducing the chance of family reintegration.

As these children are seen as too old to create a new family-bond, welfare institutions are sometimes used to protect the image of the natal family in school-aged children even where family reunification is considered unlikely. The connection to the *idea* of a family is understood

as being important in facilitating the child's development. Where the creation or maintenance of a family-bond is seen as impossible, discussions often turn to creating a place where the child feels a sense of belonging.

5. Conclusions

CGC staff make two decisions for each child that enters care. The first is whether to remove the child from their family. This is made by evaluating the risk this poses to the family-bond against the risk leaving the child in the family poses to the child. The second decision is on the placement type. This centres on the CGC staff members' constructions of the goals of care, which are shaped by the assessment of the strength of the family-bond and the parents' present and future capacity to provide care, the functions of different care placements, and the threshold above which a child is seen as unsuitable for foster care.

The most important of these three norms in explaining regional variation in policy implementation is variation in the construction of the function of foster care. Where foster care is constructed as a replacement family, with care built upon a new family-bond, it is seen as unsuitable for children for whom the goal of care is family reunification. While foster care for children over 15 years old is understood as being like a guest house, it is understood as potentially traumatic for school-aged children. Foster care is used for school-aged children who are entering care for more 'innocent' reasons, such as the temporary hospitalisation of a parent. In these cases, the family-bond is understood as being strong, and thus less at risk from foster care placements, and the child is normally understood as having less complex needs than a child who has suffered abuse or neglect.

Teru and Irifune differ in each of these norms. Teru is more willing than Irifune to challenge the natal parents in shaping the goals of care. Teru CGC staff also give slightly less weight to the family-bond in relation to other factors considered important for the child's

wellbeing and development. Finally, there is a subtle but important difference in the assessment of risk in the Teru and Irifune CGCs. While both CGCs value placement stability, Teru CGC staff are more willing to accept positive risk here than Irifune CGC staff. This is partly because the decision in Teru is understood as more collective than it is in Irifune, and partly because the Teru CGC staff are starting to frame institutional placements as carrying risk, a belief that is not found in Irifune.

The function of foster care is broader in Teru than in Irifune. In both, some foster care is used as a proxy for adoption. In Teru, more foster care is constructed as semi-professional care in a family setting than in Irifune. This allows some children in Teru for whom the goal of care is family reunification to be placed into foster care. In Teru, children are placed in foster care until about 9 years old, two years later than the drop-off in placements occurs in Irifune. The greater number of children entering foster care in Teru indicates that children with more complex needs are placed into foster care here than in Irifune. This is due to Teru's greater support capacity and the CGC's concerted efforts to expand the function of foster care.

All of these norms are underpinned by the foundational belief, what Parsons terms a 'value', that the family-bond is discrete and exclusive, that the creation of a new family-bond necessitates the destruction of the existing family-bond. This leads welfare institutions to be used *because* they do not create attachments that threatens the family-bond.

The policy advice that follows these findings is simple: any attempt to increase the use of foster care in Japan must involve the 'semi-professionalization' of foster carers. Recent attempts to lower the hurdles to registering as a foster parent, including arguments on extending childcare leave (NHK, 2015), are well intentioned but risk limiting the function of foster care. Instead, it is necessary to raise the registration threshold so that CGCs only register foster parents who they can use, to increase the quality and quantity of training and support offered to foster parents, and to transition from foster 'parents' to foster 'carers'.

This is not to say that there is no place for long-term fostering in Japan. The most efficient way to introduce these changes would be to create a new category of foster parents called 'long-term foster parents', for children who are expected to spend over three years in care, and to introduce training for 'regular' foster parents to facilitate family reunification and increase specialist skills. Similarly, the introduction of a 'baby and infants foster carer' category with specialist training would be a major step towards practice change.

These proposals are of limited value without investment in developing the infrastructure of foster care services. The CGC still acts as service provider of foster care in most local authorities, and as service regulator for institutional care. The caution over non-profit foster care service providers seems strange given the predominance of non-profit service providers in welfare institutions. The primary bottleneck here is that foster care service providers appear more expensive than 'in-house' foster care, as in-house foster care costs do not reflect the true staffing costs involved. The much higher relative cost of BIWIs to foster care make these the most logical place to start this de-institutionalisation process.

Having considered the impact on policy implementation of resources (Chapter 6) and norms, this thesis next addresses why these differences exist by looking at the organisational cultures of the CGCs.

Chapter Eight. The impact of regional variation of organisational culture on policy implementation

1. Introduction

During my fieldwork, a fellow researcher asked for an introduction to the Teru CGC. I attended the resulting interview in which Sano, the CGC head, gave three reasons for how Teru had increased their foster care rate. The first was that the CGC had ‘earnestly’ started recruiting foster parents. Sano explained that this had been facilitated by a CGC staff member starting an NPO to recruit foster parents after seeing a bumper sticker recruiting foster carers while holidaying in Canada. Sano stated that this international inspiration was atypical, noting that ‘Japan is outside the circle of sharing data about foster care, or practice and policy development on children in care’. A few days later Sano expanded on this, describing Japan’s alternative care system as having evolved as a kind of ‘Galapagos’.

The second reason Sano gave was a ‘sea change’ in the attitude of caseworkers towards foster care. Sano related this to the third reason he gave, the increased experience level of CGC staff. Sano explained how this increased the CGC’s capacity to successfully ‘match’ foster parent and child and then support them post-placement. This increased experience was linked to longer postings in the CGC and a policy of requesting bureaucrats with welfare experience. At the end of the interview I ‘joked’ that Sano had missed an important factor, namely leadership. Sano chuckled and noted that this was not something that he could possibly say himself.

This chapter focuses on the ‘sea change’ in the caseworkers’ beliefs on foster care, and examines *why* Teru moved away from ‘the consciousness that foster care is a special, or exceptional thing’ (Miyajima, 2001: 34). In the previous chapter, we established the regional variation in the function of foster care. This chapter looks at why this variation exists, and argues that in the absence of ‘professional norms’ or strong national guidelines, the organisational culture of the CGC plays a critical role. This chapter also looks at the impact

organisational culture has on the allocation of resources, discussed in Chapter 6, with a focus on instances of change, and at how organisational culture mediates the relationship between beliefs and resources. In Collier's terms, this chapter proposes an 'explanatory model' (2011: 824) for the regional variation in norms and resources.

This chapter does this by focusing on differences in organisational culture between Teru and Irifune in two key areas: the decision process, and the ways in which knowledge is acquired, retained and used in informing change.

This chapter works within the theoretical framework on organisational culture laid out in Chapter 1 and draws on findings on the capacity of the CGC discussed in Chapter 6. Organisational culture both shapes and is shaped by resources and norms. The relationship with values is less iterative, with CGC staff's values on the family-bond framing organisational cultures. Before examining the decision process and impact of knowledge, this chapter briefly introduces a day in each CGC to give a 'feel' for them.

2. The start of a day in Teru and Irifune

Teru's formal working hours are from 9.15am until 5.45pm, though most staff arrive before 9am to check emails, voice messages and order their bento. Sano emphasises working hard over working long hours, and it is rare for staff to stay after 8pm.

Each of the four divisions holds a morning briefing at 9.15am. Within each division, each section head reports on their staff's plans for the day. The division head then updates everyone on their schedule and the CGC head's schedule. The division head then gives reminders and notifications for the day and upcoming week. The temporary care institution also holds a morning meeting, to handover from night to day staff. The children's support division briefing closes with all staff repeating an oath:

I will defend the Japanese constitution and laws that were enacted at the will of the Japanese people. I solemnly swear that I will respect the orders, guidance, and rules of this office. As a

servant of the whole body of citizens, I am deeply aware that I should do my public duty democratically and efficiently and I solemnly swear that I will execute my duties sincerely and fairly.

Irifune's normal working hours are also from 9.15am to 5.45pm, and as in Teru, staff normally arrive before 9am to check their emails and listen to voicemails. It is more common for staff to stay late in Irifune than in Teru, though Yuno had the longest working hours of the three CGCs. In Irifune the morning bell is the cue for staff who have time, normally about half the caseworkers and managers, to go outside to a small garden to do morning stretches with the children in temporary care. This gives the staff a chance to speak informally with children.

Instead of a division meeting, each section head usually briefly checks with their staff on their plans for the day. There is less of an understanding across the division what other staff are doing.

The Irifune CGC is quieter than the Teru CGC, both in terms of the number of phone calls and the amount of discussions between staff. There is less discussion about cases between the caseworker and the section head, between section heads, and between section head and division head. The differences in communication between Teru and Irifune also extend to the decision process. This chapter next turns to this process, looking at differences in the use of meetings, the organisation of work processes, and the construction of the CGC's role.

3. The decision process

The decision process by which a child enters care occurs over the acceptance, ruling, and aid objectives meetings (see Chapter 4). Caseworkers will also often seek informal advice from more experienced or senior colleagues. While the framework of the meeting process is uniform, the way these meetings are used varies across CGCs. Variations in the meeting process in Teru and Irifune reflect and contribute to distinct organisational cultures. These differences are shaped by the role of senior management, by who attends meetings, and by who makes the

decision, as well as by the purpose of discussion, the use of paperwork, and the tone of the meeting.

In Teru all non-emergency meetings are held on Wednesdays. Paperwork for the aid objectives meetings is placed on participants' desks on Tuesdays, with paperwork for the acceptance meeting and ruling meeting distributed to all staff on Wednesday mornings. The day commences with the morning briefing, which is followed by the ruling meetings, the acceptance meeting and, after lunch, the aid objectives meetings. The majority of CGC staff attend the ruling meetings and the acceptance meeting, with only staff more directly involved in a case attending the aid objectives meeting.

The ruling meetings, which update all staff on the progression of all ongoing cases, last between an hour and an hour and a half. This covers around 30 to 40 cases, with more time afforded to new or complex cases. The meeting opens with the temporary care section head giving a summary of the children in temporary care, with a few cases highlighted. There is also a brief written report on each child in temporary care. Each caseworker in the emergency division and children's support division then briefly presents the current situation of each of their cases. This updates senior managers and temporary care staff on new information and the caseworker's plans. Senior managers give suggestions on the response or planned support policy. Some of the children in temporary care are likely to enter care. This meeting updates everyone on this process, with the final decision made in the aid objectives meeting.

The acceptance meeting, which briefly reviews all new cases, follows the ruling meetings. This normally lasts for one and a half to two hours, with each case normally lasting about five minutes. In one randomly selected week in Teru there were two emergency cases, 19 cases in the children's support division, 31 through the children's consultation division, and six education division cases. Emergency cases are discussed as soon as they are received, with a brief overview presented at the weekly acceptance meeting. The participation of each division facilitates a coordinated response to cases.

The cases from the children's consultation division, which covers mental health and disability, are normally presented over five to ten minutes in groups, based upon the planned response. This includes groups where further psychological investigation or further medical investigations will be carried out. Individual cases are only highlighted where the psychologist wants advice or to raise the possibility of abuse or neglect. Finally, the education consultation division cases are presented. These are presented individually, within about two minutes, and usually receive minimal feedback. Both the consultation and education divisions hold more detailed case meetings within division.

The most significant decision taken at the acceptance meeting is whether to take a child into temporary care. This decision is made to protect the child or to facilitate further investigation. Most cases do not enter temporary care. Where required, these cases are followed up by the caseworker, supported by their section and division head.

In the acceptance meeting, caseworkers lay out their planned course of action. This 'support policy' is often challenged or amended by senior management, with the underlying reasoning always explained. The act of refining or amending the provisional plans proposed by the caseworker informs not only how staff proceed with the case in question but also how they respond to future cases.

The majority of the children's support division staff attend the majority of the ruling meetings and acceptance meetings. More senior caseworkers tend to present their cases first and then return to the office. More junior caseworkers usually observe all cases. This allows them to learn from others' cases and the feedback given by senior managers on different 'types' of cases. More senior caseworkers, who have been through this process, receive less feedback on their cases than junior caseworkers do. This is one way that the senior managers shape the caseworkers' beliefs, or at the very least their actions, and build a coherent organisational culture.

There are two different types of aid objectives meetings in Teru. The first is carried out throughout the week and led by the children's support division head. This meeting is known in

the Teru CGC as the ‘division head meeting’, the *kacho-kai*. For straightforward cases, for example where the caseworker, clinical psychiatrist, and division head agree that the child should enter a specific CWI, the final decision is made at this meeting.

There is no specific paperwork for this meeting. The caseworker may use the consultation overview form, or less frequently, the simpler progress notes form. The supervising caseworker, caseworker’s section head, supervising clinical psychiatrist, and division head must attend this meeting. Other staff, including the CGC head, emergency division head, children’s consultation division head and temporary care section head, attend as required.

For more complex cases,¹ including all foster care placements, the division head meeting simply determines that the case should go to a ‘full’ aid objectives meeting. These begin at one o’clock, with each case lasting between half an hour to one hour. There are usually four or five cases per week, though one week saw eight meetings. These meetings most frequently determine whether a child will enter care and the placement type. They are also convened for children in care where circumstances have changed or new information arises – for example, a

¹ There are guidelines that distinguish which case has which kind of aid objectives meeting. These state five situations where a full aid objectives meeting must be held: where a child may be placed into a short-term therapeutic institution for children with mental health disabilities, a children’s self-reliance support institution, a self-reliance assistance home, an institution for children with disabilities, or foster care; where a child will leave a BIWI, a children’s self-reliance support institution, or a short-term therapeutic institution for children with mental health disabilities; where a child will return home from a CWI having been placed due to abuse; any case where a decision under Article 27.1, 27.2, 27.4, 28, 33.6, 33.7, or 33.8 of the Child Welfare Act will be cancelled; and where the case has been transferred to the CGC under the Juvenile Act.

There are two situations where a case should in principle have a full aid objectives meeting: where a child will return home from a placement in temporary care, made due to delinquency, development, or abuse; and where the children’s support division has previously dealt with the case or the case has lasted for more than a year.

The guidelines list seven situations where a full aid objectives meeting can be held if necessary: to make a decision on a child returning home from temporary care; to review cases where a child has been in temporary care for more than two months; where a child may be placed into a CWI or an institution for children with disabilities; where a baby or infant may be placed into a BIWI; where a foster care placement will be cancelled; where a case may be referred to the classroom for school refusers or other related educational services; and ‘other’ cases, where discussion is necessary to make a decision.

The guidelines state that exceptions can be made for ‘simple childrearing cases’ where both parents are sick, or there are other ‘pure’, *junsui*, reasons where the guardian is absent.

child in care who has been starting small fires, a child who has abused others or been abused while in care, or a child in care who may be returned home, despite concerns over further abuse.

The aid objectives meeting follows a set format. The caseworker first presents the case, using paperwork that is referred to but not read aloud. The caseworker states the meeting's objectives, reports on the child's situation, and briefly states their opinion.

In most cases, the clinical psychologist then presents their report, referencing detailed paperwork. This covers the child's IQ, any recognised or suspected diagnoses, and any behavioural and emotional issues. Where relevant, the temporary care section head then reports on the child, covering the child's educational level, 'lifestyle' (which includes dietary information), play, engagement with sports time, and relationships and behaviour with other children and with staff. Where a child is in a BIWI or CWI, the caseworker presents a brief report from the institution. Where the child is in foster care the foster care section head gives this report.

Having covered the child's status, any remaining internal reports are given, including from the lawyer, and any external reports, most commonly by doctors on abuse, are presented by the caseworker. Following this, the caseworker concludes with their opinion on what should happen. Finally, the floor is opened for discussion. This is led by senior managers.

A characteristic of the meetings that will surprise alternative care scholars is the absence of the parent, child, and care provider from these meetings. I did not see any meeting in which the child or guardian took part. This relates to the limited legal authority that the CGC has to act without parental consent, which means that the CGC must present a unified and consistent front when engaging with the guardian.

The seating plan for one aid objectives meeting in Teru is shown in Figure 68. This meeting was held to determine whether a child should enter care, and if so, whether they should enter a CWI or foster care. As the preferred placement was unclear, CGC staff working on foster care and institutional care attended. The lawyer also attended as parental consent was not

confirmed. As this case did not involve education, the education division head did not attend. All aid objective meetings in Teru are chaired by the same section head from the children's support section.

Figure 68: A seating plan for an aid objectives meeting in Teru

		Children's Consultation Division (CCD) Division Head	Children's Support Division (CSD) Division Head	CGC Head	Children's Emergency Assistance Division (CEAD) Division Head	
						CEAD: Lawyer (Division Head Rank)
CSD: Children's Support Section Two, Section Head						Me
						CCD: Psychological Consultation Section (PCS), Section Head
CSD: Care Support [Foster care promotion] Section Head						CCD: Temporary Care Head (Section Head Rank)
CSD: Foster Care Placement Caseworker						
CSD: Institutional Care Supervisor	CSD: Institutional Care Support Worker		CSD Caseworker supervising this case	CCD: PCS, child psychiatrist supervising this case		

The aid objectives meeting makes a final recommendation to a monthly meeting of a local authority subcommittee, which rubber-stamps the decision. In some local authorities, including Yuno, this monthly meeting is used to discuss one or two of the most challenging cases or cases that set precedent.

Extra-ordinary meetings can be held at any time. These are quickly convened and override senior managers' existing schedules. Here a decision is made whether an emergency response or intervention is required, and if so, which caseworker within the emergency assistance division will do it, when they will do it, and what support they will require.

Meetings in Irifune are also normally held on Wednesdays, though it is not uncommon for non-emergency meetings to be held ad-hoc. In Irifune, the acceptance meeting covers new cases and ongoing cases that are not yet ready for a ruling meeting, totalling around 10 to 20 cases per week. All alternative care cases are covered by sections A and B of the consultation support division. These sections also have responsibility for the CWIs and some specialist institutions, with section C covering foster care, BIWIs, mental health welfare institutions, and the mental health of children in care. All caseworkers attend their section's acceptance meeting, with staff leaving after they present their cases. The cases are covered in similar length as in Teru.

The ruling meeting in Irifune is longer than in Teru. The caseworker first presents a summary of the case, which is followed by a summary from the clinical psychologist and, where relevant, by the temporary care worker. These reports are followed by a short discussion, primarily between the junior staff and with occasional input from senior managers. Only staff directly involved in the case attend. There are normally two to five meetings per week, held for cases where a decision is close to being made.

The aid objectives meeting in Irifune serves to confirm the decision made in, or after, the ruling meeting. The caseworker gives a three-minute report on the case. This is followed by a one-minute report by the clinical psychologist and a one-minute report by a temporary care staff member. The caseworker then states their planned course of action, which is pre-printed onto the paperwork. Senior managers can then ask for further information or raise points. This is normally limited to confirming certain steps have been taken. In every case I saw, the final decision followed the caseworker's suggestion. As in Teru, only staff directly involved in a case

attend this meeting. The aid objectives meetings in Irifune normally last about ten minutes and are chaired by a different caseworker each week.

There are several significant differences in how meetings are conducted in Teru and Irifune. The first is Teru's use of the division head meeting. This allows less time to be spent on straightforward cases, so that more time can be spent on more complex and 'borderline' cases in the full aid objectives meetings. The second is that the decision in Irifune is made more concrete in the ruling meeting, resulting in each case going through one less layer of discussion than in Teru.

The third difference is the role played by senior management. In each of the three meetings, the senior management in Teru play a greater role in shaping discussion and decisions than they do in Irifune. The senior management in Teru have more experience to draw on and reference previous similar cases more frequently than the Irifune senior managers do. This experience allows them to speak with more confidence on the suitability of different placements.

The fourth difference is in who participates in and audits meetings. In Teru, the majority of the children's support division attend the ruling meetings and the acceptance meeting. In their first few months, new caseworkers in Teru also audit other staff's aid objectives meetings. This affords them the opportunity to learn from others' cases, not just their own. This amplifies the impact of the contributions of the senior management in Teru, as comments are heard by more staff than in Irifune, where caseworkers do not attend others' ruling meetings or aid objectives meetings.

The fifth difference is in how the responsibility for the decision is understood within the CGC. In Teru, the discussion is more detailed and decisions are understood as collective, often framed as 'we will try' x, 'let's do' x. In Irifune the caseworker's proposed plan is invariably the outcome. This difference is encapsulated in the fact that in Irifune the caseworker's 'provisional' decision is printed onto the form before the meeting, whereas in Teru it is handwritten onto the form by each participant at the meeting's conclusion.

The discussion in the ruling meeting in Irifune is more detailed than in Teru, though this is still significantly shorter and less collaborative than the aid objectives meeting in Teru. The shorter discussion shifts the responsibility for the decision from the collective to the individual, which makes Irifune caseworkers more risk-averse than the Teru caseworkers. This impacts on the caseworkers' willingness to use foster care, for which the CGC is seen as being more responsible, and their willingness to challenge guardians' wishes. The emerging belief in Teru that institutional placements also carry risk is making the caseworkers more willing to accept the 'positive' risks associated with foster care.

In both CGCs caseworkers discuss cases prior to the formal meetings. One key distinction here is that in Irifune some of these discussions result in the elimination of the possibility of a foster care placement, a decision that in Teru is always made in the formal meetings. Following one meeting in Irifune, regarding an infant girl, I asked the foster care caseworker why foster care had not been discussed. The foster care caseworker responded that the caseworker had asked her informally if there were any suitable foster parents, and because there hadn't been, the matter was not raised in the meeting. In Teru this discussion is always conducted in a formal meeting. This ensures that beliefs on what is best in each case are always raised, even where they cannot be acted upon.

The forms used in Teru are longer and more detailed than those in Irifune: for example, the aid objectives form is one side of A4 in Irifune and two in Teru. In Irifune these forms are sometimes read verbatim; in Teru they are a reference point for the person speaking. There is also a considerable difference in the tone of meetings. In Teru the collective nature of the meetings, along with the manner in which senior managers work with section heads and caseworkers, means that meetings are open and friendly, with discussion encouraged. This is a stark contrast to the time limits set upon staff reports in Irifune's aid objectives meetings. On the one occasion in Teru where I saw real disagreement that was not resolved in the meeting, a training session was held at a later date to explore both positions and find common ground.

In Teru, meetings were unambiguous in terms of responsibility for future action, timeframe, and goals. These points were often left less defined in Irifune. It is possible that the continuity in the chair of the aid objectives meeting in Teru, which contrasts with a rotating chair in Irifune, contributes to these differences in meeting tone.

The informal input caseworkers receive from other staff also differed between Teru and Irifune. The consistent approach of senior managers in Teru has resulted in an organisational culture that evaluates foster care positively. This creates a positive feedback loop where experienced staff share these beliefs to newer caseworkers.

This positive feedback loop is fragile. In Teru, the shift to promoting foster care around 2003-2005 led to a decision to attempt to place children of all ages into foster care. A high placement breakdown rate for children over 14 in the first few years did not lead to a decision to abandon foster care. Instead, a decision was made around 2009 to focus on younger children and, as support capacity developed, to expand to older children later.

Negative feedback loops are easier to fall into than positive ones. There are two main reasons for this. The first is that the move towards foster care challenges the status quo on the function and capability of foster care. Where a caseworker predicts and then sees failure in foster care it is more likely to harden his opinions than when he has doubts and sees one case of success. The second reason is related to the fact that the CGC is held more directly accountable when a placement into foster care breaks down than when one into a CWI breaks down. This is because the CGC is the service provider for foster care, in contrast to institutional care where it is the service regulator. In Teru, the stable and consistent approach towards foster care from senior managers has led the CGC to respond to placement breakdowns in foster care by developing more support capacity rather than by abandoning change.

This consistency in approach is made possible in Teru by the stability of the senior management. In Irifune the positive feedback loop is a lot weaker, with successful placements

into foster care often attributed to luck. Returning to the two cases of extreme neglect discussed in Chapter 7, the section head noted that she was:

really impressed by the results of this fostered child and I think that for kids like this a family-like environment might be best, but there was also some luck here in how the child and the foster carers clicked and if the child had been placed in another foster care placement they could have ended up being abused.

In addition to the reservations expressed here over foster care, this comment highlights the individual nature of caseworkers' attitude towards foster care in Irifune. Unlike Teru, where the senior managers use meetings to shape and unify caseworkers' beliefs, the Irifune section head's comments here were an individual opinion that had not been expressed in meetings. This limits the impact of individual cases on policy and practice change in Irifune, as well as meaning that new caseworkers receive different advice depending on who they speak to. This hinders the processes that led to a 'sea change' in attitudes towards foster care in Teru.

The differences in the meetings between Teru and Irifune are profound. While the format is uniform, the process in Teru promotes the use of foster care and allows senior managers to shape beliefs and practice at an organisational level. In Irifune caseworkers only learn from their own cases, which hinders lessons from individual cases leading to policy or practice change at a CGC level. A discussion in a meeting in Teru on the lack of a suitable foster parent may lead to a concerted recruitment drive, whereas in Irifune this discussion often occurs outside the formal meetings and does not result in any change. The limited participation by senior management in Irifune in shaping responses to cases leaves caseworkers feeling individually responsible for decisions, which increases risk aversion and strengthens path-dependent responses. This is amplified by the lack of specialist social work knowledge in all CGCs, though the experience of senior managers, foster care caseworkers and the lawyer mean that Teru is less affected by this than the Irifune CGC is.

Perhaps the most important difference here lies in the staff's construction of the role of the CGC. Miwa argues that the most important factor explaining the low foster care rate 'is the

lack of children available to be fostered' (2016: 10) and highlights that 'the approach of the CGC to parental consent can lead to more parents consenting to foster care' (2016: 11). The more collective approach to decision-making in Teru dissipates this responsibility, making caseworkers more willing to 'push' for foster care than caseworkers in Irifune. As noted in Chapter 7, the Teru caseworkers share best practice on how they have gained parental consent. The caseworkers' willingness to use foster care is also undoubtedly increased by the higher confidence in the Teru CGC in their ability to 'match' foster parent and child and to support them post-placement. Underlying all of these differences is the fact that the desire for change in the Teru CGC is strongly held by senior managers and across all levels of staff, whereas the desire for change in the Irifune CGC varies across each level of staff.

The 'Galapagos' metaphor Sano used in relation to Japan in the international context can be extended to the 'islands' of the local authorities within Japan. The limited extent of domestic practice and policy sharing mechanisms means that regional variation in policy implementation in alternative care is increasing, with the organisational culture of each CGC critical in determining the trajectory of this change in each local authority.

4. Knowledge acquisition, retention and use in informing change

Teru's use of meetings to share knowledge and shape beliefs and practice is a response to a challenge all CGCs face: how to acquire, retain, and use knowledge to inform change. This issue, first raised by Ushijima and Yukawa (1975), is picked up by Miwa, who suggests that staff rotation means that CGCs 'don't have a sufficient system to develop specialist knowledge' (2016: 8). This section considers the other ways in which Teru has addressed this issue, and compares these with practices in Irifune.

The first and most important difference is the length of service of senior managers in Teru. The CGC head has served in the same post for over a decade, the children's support division head has worked in the CGC for over 30 years, and the children's emergency division

head for nearly 20 years. The clinical psychologists in Teru also serve particularly long terms, with postings of over 10 years not uncommon. The Teru CGC also makes extensive use of contract staff in the foster care team, some of whom have worked for over 10 years.

The senior managers' long postings allows continuity in approach to foster care, the development and retention of experience and expertise, and enables the CGC to execute a long-term vision to develop foster care service provision capacity. It also inhibits the negative feedback cycle that can occur when foster care placements break down, as well as strengthening the CGC in relation to both the local authority hall and the welfare institutions.

Continuity in more junior staff, particularly within the foster care team, helps the CGC to address two important problems: the CGC's limited expertise in how to address specific childrearing issues faced by foster parents (Miwa, 2014), and the challenge staff rotation creates for foster parents in making a meaningful relationship with the CGC for support (Goldfarb, 2012; Ito, 2015).

The rotation of staff represents a third axis that must be considered in all studies of policy implementation in Japan – that of time. As well as vertical divisions between siloed ministries and horizontal divisions over levels of government (Johnson, 1975), policy implementation in alternative care in Japan faces temporal divisions, which hinder the formation of coalitions to promote change (see Tsuzaki, 2003). These temporal divisions are a significant factor in explaining why policy change in alternative care is incremental.

The effect of these continual changes is amplified by the belief that those who cause the least disruption are the most likely to be promoted (Johnson, 1982). Tsuzaki notes that this is perhaps one reason why most of the reforming heads of CGCs have been clinical psychiatrists, who have a status independent of their government role (personal correspondence, 2015, January 7).

Irifune is a more 'typical' CGC, with senior managers changing position every one to three years and caseworkers changing position every two to three years. The longevity of senior

management in Teru is contingent on continued support from the local authority hall, and several staff expressed their concerns that the CGC may change when these three managers leave.

The second difference between Teru and Irifune is how training is used to share knowledge and change practice. In Teru the training for new staff lasts two weeks. There are also monthly training sessions where staff discuss issues, share best practice, or an external expert comes in to speak. During my fieldwork this included a professor leading a hypothetical aid objectives meeting for a challenging case, and the head of a specialist institution for teenage girls with challenging behaviour lecturing on their approach.

The initial training for staff in Irifune is significantly shorter than in Teru and the ongoing training sessions have lower staff participation. The main difference between the ongoing training sessions in the two CGCs was that in Teru these directly led to policy and practice change at a CGC level, from structural changes in the allocation of resources to changes in daily practice. One training session, which discussed an unresolved dispute that arose in an aid objectives meeting over the best way to manage a case between divisions, led to a change in the management of all future similar cases. Another provided guidance for caseworkers' in gaining parental consent for foster care.

The final form of training in both CGCs is the informal mentoring of new caseworkers by their more experienced colleagues. The limited nature of the formal training means that new staff rely on the support and experience of senior colleagues. Staff have a limited time to understand their role, to master what is expected of them, to determine what positive change they can affect, and to create and implement this positive change. This strengthens path dependency. Where a CGC, such as Teru, is aiming to unify their approach to cases, to create a coherent culture, the new caseworker is likely to receive informal mentoring in line with this culture. In Teru this helps to transmit norms on the goals of care, the functions of different types of care, and on the threshold above which a child cannot enter foster care over generations

of caseworkers. In CGCs where the organisational culture is less uniform, such as Irifune, this informal mentoring is dependent on individual caseworkers' norms and will vary more widely. An integral part of this in Teru comes in staff auditing others' case meetings. This is far less common in Irifune.

CGC staff do occasionally have opportunities to learn from practice in other local authorities. National conferences, including the Japanese Society for the Prevention of Child Abuse and Neglect (JaSPCAN), and NPO training sessions, including the Osaka Association for the Promotion of Family Based Care (*Osaka katei yōgo sokushin kyōkai*), provide CGC staff opportunities to build personal connections with their peers in other local authorities. The Teru foster care section head noted that their relationship with foster care supervisors in two other local authorities had been invaluable in deciding how to respond to some of the more unusual and challenging scenarios they had faced. These connections must be created, and are thus limited to proactive staff.

The MHLW has engaged with limited attempts to share best practice across local authorities, most notably with the 2013 report on how Fukuoka City and Oita have increased their foster care rate (MHLW SC, 2013a). There is also a national association of CGC heads, though this has limited input into national or local policy creation. Marginally more active is a network of the CGC heads of the 22 designated cities. Yet here too, the nature of this network means that local authorities with no interest in changing practice either do not engage or engage only superficially.²

Even where staff are experienced and do wish to change practice they are aware that they may be followed by a staff member with no relevant experience. This affects staff at all levels of government. A CGC foster caseworker and an MHLW bureaucrat both confided to me their fear of enacting radical changes that would leave their successor struggling. The

² Non-governmental groups also occasionally attempt to learn from practice in other local authorities (see Aizu Foster Parent Association, 2014), though these often have limited impact on practice.

caseworker expressed this succinctly, noting, ‘I could do more, and change things a bit, but my boss told me that I should be aware of creating too much work or making it too hard for the person who follows me.’

There have been more formal mechanisms for policy and practice learning across local authorities, including an ‘internship’ wherein a CGC staff member spent several months in another local authority’s CGC. During one training session for staff in Teru, the head of the children’s emergency division explained how this system had contributed to the creation of the division and the decision for the emergency team to only manage the initial intervention, rather than also managing all subsequent support:

In most CGCs they don’t have an abuse specific team, but all the designated cities have one. I went to Osaka and Kyoto to learn from them before we set up this one. Osaka had 40-50 people [in their emergency team], Kyoto had 4-5 people, this was over a decade ago. In Kyoto the normal caseworkers worked with abuse cases. The emergency caseworkers dealt with the intervention and effectively acted as a support team. In Osaka the emergency caseworkers did the intervention and then took on [all the following support work for] the case. I thought that the Kyoto team would build up specialist knowledge in abuse cases... In Osaka at the time the staff stayed for 10 years so were specialists, but we felt we couldn’t do this in [Teru]. I wondered that if we copied Osaka we may end up with issues.

This scheme has long since been closed and change in Teru now often stems from ongoing training sessions. The most recent change in organisational structure came in April 2015 with the creation of a new section, consisting of a section head and one caseworker, which focuses exclusively on reassessing the cases of children who have been in care for over five years. The creation of this section followed reflection on several case meetings where children had ‘drifted’ and ended up spending much of their childhood in institutions.

The relationship between practice and practice change in Teru is reliant upon the senior management who connect issues raised in case meetings with policy and practice change. This contrasts with Irifune, where practice change is less connected to issues arising in the decision-making process on individual cases, and ongoing training plays less of a role in mediating between cases and practice or policy change.

The final area where Teru and Irifune differ in how knowledge is acquired, retained and used is connected to the relative specialisation of jobs in Teru. The emergency division in Teru is the most obvious example of this. In a monthly training session the Teru Children's Emergency division head outlined the reasons behind this decision to specialise in tasks:

For casework there is an internal problem. We have to support children, and we have to support the parents' needs. There are times when the needs conflict. We have to prioritise the child's needs here, and this may lead to opposition from the parents. This issue is most prevalent in abuse cases. The child's needs must come first. This makes a divide between support social work, and the abuse kind of work. So, we figured that supporting parents' needs cannot easily be done by the same person as who is supporting the child's needs.

This increased specialisation allows caseworkers to acquire more, and more specialised, knowledge than in CGCs, including Irifune, where caseworkers also manage emergency cases. The investment in Teru into developing capacity in the foster care support team, who work solely on foster care, the hiring of a full-time lawyer, and the outsourcing of initial investigation into 'light' abuse cases to an NPO, also allow the Teru CGC staff to develop particular skills and acquire more specialist knowledge than in Irifune, where CGC staff are more 'generalists'.³ Irifune's attempt to narrow and focus their workload by outsourcing foster care recruitment and training to a BIWI does speak to an effort to increase specialised knowledge in an organisation, though here this organisation is outside the CGC.

5. Conclusions

This chapter has outlined the mechanisms that create different organisational cultures in the Teru and Irifune CGCs. It first examined the decision-making process before looking at how differences in the length of service of staff, staff training, and the degree of staff specialisation affect how knowledge is acquired, retained and used to inform policy and practice change.

³ The temporary care facility and classroom in Teru also reflect this belief in the merit of specialist knowledge and application, with both split into two to cater for children of different levels of need.

The different organisational cultures impact upon policy implementation, mediating the relationship between beliefs and resources. The Teru CGC head understands the ‘sea change’ in caseworkers’ attitudes towards foster care as critical to the changes in policy implementation. This change came from caseworkers seeing better than anticipated outcomes for children entering foster care, *and* this evaluation feeding into future practice.

This positive feedback loop was enabled by the attitude of the senior staff towards foster care and by the collective nature of the decision-making process dissipating risk. This facilitated, for example, slightly older children or children with slightly more complex needs being placed into foster care, and the gradual expansion of the threshold below which a child is seen as suitable for foster care. The feedback loop was amplified by caseworkers auditing other caseworkers’ meetings, which allowed the active shaping of care plans by senior managers in individual cases to influence a wider audience.

The connection between individual cases and policy change is more direct in Teru than in Irifune. This is mediated by the active role played by senior management in individual cases and through ongoing training sessions, where policy and practice are discussed by all levels of staff. In Teru this involved changes in the allocation of resources, including the creation of the children’s emergency division, employing a lawyer, and the decision to invest in developing the capacity of foster care service provision.

These changes were situated within the specific organisational culture of the Teru CGC. The Irifune CGC’s decision to resolve the BIWIs being full by moving older infants to CWIs or returning them home (see Chapter 6) was made in a ten-minute meeting between two senior managers, the staff member responsible for BIWIs, and their section head. In a later discussion, the section head noted to me that ‘in reality, a lot of infants who move from baby and welfare institutions to foster care have attachment issues’, but this opinion was not raised during this meeting.

I do not mean to suggest that Irifune does not change practice based on their experiences; to do so would be absurd. Like any organisation, the Irifune CGC changes their practice based on the knowledge that they have, their understanding of this knowledge, and the resources at their disposal. For example, the decision to outsource foster care recruitment and training to a BIWI was based on the CGC's understanding of their resources and their beliefs on foster care. Another example of practice change in Irifune saw the adoption of a 'Common Sense Parenting' programme for some parents before a child is returned home, following concerns over the lack of support offered after care placements end. Despite this, it is fair to say that in Irifune, more than in Teru, the desire for change is less uniform and the path of change taken is often the one that offers the least resistance.

Chapter Nine. Conclusion

1. Introduction

This thesis addresses the research question: what factors contribute to the regional variation in policy implementation on alternative care in Japanese child guidance centres? It does this by examining regional variation in the resources available to the CGCs, in the norms of those implementing policy, and in the organisational cultures of the CGCs.

Prior to examining regional variation, the thesis introduced alternative care and the theoretical framework of this work (Chapter 1), presented a literature review on the foster care rate and a consideration of how this speaks to regional variation in policy implementation (Chapter 2), and discussed the research methods (Chapter 3). The thesis then introduced the context of policy implementation – of organisations and authority (Chapter 4) and of the values of those implementing policy (Chapter 5).

The CGC has five kinds of *resources*: physical geography, political attention, the capacity of care providers (affected by the quantity, perceived quality, and need for care), the capacity of the CGCs, also considered in terms of quantity and quality, and external support.

Both physical geography and political support varied between Teru and Irifune. The compact nature of Teru means that it is easier for the CGC to provide foster care services than in Irifune. Political support at critical moments in Teru has facilitated the development of foster care services, with ongoing support allowing the lengthy placements of three senior managers. This ‘two-level’ support for change, of bureaucrats and politicians, is not found in Irifune, where the CGC staff who want to promote foster care lack political support.

The limited research conducted on national policy-making on alternative care suggests that the ‘two-level’ model of change is also relevant here. This model places importance on individuals with similar beliefs and goals occupying key positions in politics and the bureaucracy

simultaneously. The emphasis on individuals in this model reflects the challenges posed by staff rotation to building stable coalitions.¹ The national welfare institution associations do not face this issue, which contributes to their strength in relation to local and national authorities. Further research is required to test this ‘two-level’ model in different policy contexts in Japan.

The capacity of care providers also varied between Teru and Irifune. Irifune has higher institutional capacity relative to population, while Teru has higher relative foster care capacity. The limited institutional capacity in Teru, coupled with the belief that the large-scale CWIs were not providing suitable care for children’s diverse needs, triggered the decision to develop foster care capacity. Irifune has never reached the threshold where further capacity is required, and has sufficient institutional capacity that it can respond to concerns about abuse within one institution by using other institutions.

The CGC’s evaluation of the quality of foster care is more important than their evaluation of the quality of institutional care. This is because the threshold for registering foster parents is low. This means CGCs must create internal mechanisms to determine which registered foster parents can be used. Further, the fact that CGCs are the service provider for foster care increases their responsibility for any issues here, which raises the threshold for ‘acceptable’ care.

The ‘need’ for alternative care also varies across local authorities. This is affected by material conditions, including the child poverty rate, and by the local construction of the threshold at which a child should be removed from the family.

The capacity of care in Teru and Irifune mediated the impact that a change in ‘need’ had on policy and practice change: the increased number of children entering care in Teru,

¹ In a more creative moment during fieldwork, I noted that attempting to form coalitions with constant staff rotation is like trying to do a jigsaw where the pieces keep moving and changing shape.

which led the CGC to increase foster care capacity, had a greater effect than it did in Irifune, where surplus institutional capacity absorbed this additional need.

This interaction, between need and capacity, also impacts upon national practice change. As outlined in Chapters 1 and 6, the increased foster care rate between 2000 and 2010 relates to increased need, rather than coming at the expense of institutional care. It is possible that 2010 represents a turning point, as the increasing foster care rate after this point does correlate with a decrease in the number of children in institutions.

Regional variation in foster care service provision capacity is related to the capacity of the CGCs. Here the number, experience, workload and degree of specialisation of staff play a significant role in shaping policy implementation. Teru, which has over five staff members working solely on foster care, a lawyer, and three experienced senior managers, has considerably more CGC capacity than Irifune. Teru also has more support from external actors, including the foster care association and local NPOs.

The thesis next explored the impact of regional variation of the *norms* of those implementing policy on policy implementation. This focuses on regional variation on the goals of care, the functions of different types of care, and the threshold until which a child is considered suitable for foster care. To understand the impact of these norms it is first necessary to understand the values on the family-bond of those implementing policy.

In Japan, the family-bond is constructed as singular and discrete: a child is understood as only being able to have one family-bond at a time. The creation of a new family-bond necessitates the destruction of the existing family-bond, and removing a child risks destroying the existing or potential family-bond. Further, a child is only considered able to form a new family-bond until a certain age. There is slight regional variation in this age, with Teru using foster care as a proxy for adoption for older children than Irifune.

This speaks to the second proto-puzzle that triggered this thesis, Japan's low rate of children entering care. The decision to place a child into care is made by weighing the risk to the child's family-bond posed by removing the child against the risk to the child posed by not removing the child. At its most extreme, this decision represents an evaluation of the risk of social death against that of biological death.

Concerns over destroying the family-bond by placing the child into care are amplified by the dearth of resources available to the CGC in facilitating family reunification. This relates to the high workload of CGC staff, but is also affected by the limited support offered by the judiciary. In the absence of this support, the CGC's limited authority means that staff are often wary of contacting natal parents in case they decide to remove the child from care before the CGC considers this safe. This contributes to the difference between placing a child into care and leaving the child in the family being seen as a 'cliff edge', as well as to the lengthy duration of placements.

The limited judicial support relates to the judicial system's limited capacity, limited expertise, and belief that the goal of care should, almost without exception, be family reunification. Why the judiciary takes this position requires further research.

This construction of the family-bond means that regional variation in norms on the function of foster care plays a critical role in determining regional variation of policy implementation. Where foster care is understood as a proxy for adoption, with care based upon the creation of a new family-bond, it is not considered suitable for children for whom the goal of care is family reunification, who comprise the majority of cases. Conversely, where foster care is understood as semi-professional care in a family setting it can be used for children for whom the goal of care is family reunification. This finding contributes to our understanding of the first proto-puzzle that inspired this thesis, Japan's low foster care rate.

Teru and Irifune differed in how they constructed the function of foster care. The challenges around gaining consent for adoption mean that both Teru and Irifune use some foster care as a proxy for adoption. Both local authorities also use some foster care as ‘a boarding house’ for older children. Where Teru and Irifune differ is in the amount of foster care that is constructed as ‘semi-professional’. Teru is actively attempting to develop this kind of foster care, with a pilot ‘therapeutic foster care’ programme, the conversion of experienced foster parents into family homes, and by increasing support to raise the threshold until which a child can enter foster care. These differences are visible in the Teru and Irifune marketing materials for foster care.

Teru and Irifune also differ slightly in the function ascribed to welfare institutions. In both CGCs institutions are used *because* they do not result in the creation of a new family-bond. The conclusion of Ren’s case, in Teru, that it was ‘better if he goes to a baby institution [as he] won’t think of them as new family, but as staff’ demonstrates how this lack of attachment is at times seen as being in the child’s best interests. This echoes Goldfarb’s description of Japanese welfare institutions as ‘the space of waiting’ (2012: 79).

This finding challenges MHLW literature describing a move from children being raised by their families to being raised by all of society (2010), which echoes the title of Goodman’s seminal work ‘Children of the Japanese State’ (2000). Children in alternative care are children neither of the state nor of society. Children in welfare institutions are children of their families, in the temporary care of the state. Children in foster care are either in the same position, or are children of a new family. The state only exceptionally takes on any of the parental rights when a child is in care. It is only where the goal of care is self-reliance that the child could be potentially be described as a child of the state, and even here the parent almost always retains the ability to determine the child’s education, healthcare, and even to remove them from care whenever they wish.

The difference in the function of the welfare institutions between Teru and Irifune is that in Teru staff are starting to problematize this limbo, this liminal space. Concerns in Teru over attachment in BIWIs and the suitability of large dormitory CWIs are concerns over the function of the institutions, rather than the quality of specific institutions. This has contributed to the willingness of staff in Teru to take ‘positive risks’, placing children who would previously have entered institutions into foster care.

The Teru and Irifune CGCs also differ in how the goal of care is understood. In both CGCs determining the goal of care is a ‘joint production process’ (Meyers and Vorsanger, 2003: 246) between the CGC staff and the child’s parents. The Teru CGC staff are more willing to challenge the natal parents’ goals of care than the Irifune staff. Further, the Teru CGC places marginally more weight on the child’s development as an individual, distinct from the family-bond, than Irifune.

Finally, the threshold above which a child is seen as too complex for foster care, which is largely determined by the child’s age and the complexity of their need, also varies between Teru and Irifune. In Teru there is a drop in the number of children entering foster care at around 9 years old; in Irifune this occurs at 7 years old. This variation is linked to the greater capacity for foster care support in Teru than in Irifune and attempts in Teru to expand this boundary.

This thesis constructs the interaction of resources and norms as being mediated by the *organisational cultures* of the CGCs. The organisational cultures of the Teru and Irifune CGCs are distinct. This relates to and manifests in differences in the decision-making process and in how knowledge is acquired, retained, and used to inform policy and practice change. Responsibility in the decision-making process is more collective in Teru than Irifune, where the individual nature of the decision-making process increases risk aversion. The organisation of meetings in Teru allows more stages of discussion than Irifune has. The differentiation of two types of aid

objectives meetings in Teru allows more time to be spent on complex cases, including those that may enter foster care.

In Teru, senior managers are engaged in the decision-making process, giving guidance and explaining their input. In Irifune, senior managers limit themselves to checking details, with the caseworker's provisional, pre-printed, decision being the outcome of every case I saw. The impact on the norms of CGC staff of the senior managers' input is amplified in Teru by caseworkers auditing other caseworkers' meetings, a practice which is less common in Irifune.

The Teru senior managers' approach is made possible by their unusually long placements. This has also helped Teru to deal with the problem of knowledge retention, and to connect knowledge from individual cases to policy and practice change. Stability in senior management helps Teru to minimise the impact of the constant rotation of other CGC staff, who are generalists and often begin with no specialist knowledge or experience.

The rotation of staff and the non-specialist nature of the caseworkers implementing policy distinguish this study from the majority of studies on street-level bureaucrats. These factors increase the importance of the caseworkers' values, here on the family-bond, and contribute to limiting change to being incremental in nature. Teru attempts to mitigate these factors with staff training, including staff auditing the decision-making process of others' cases, and by connecting issues raised in the decision-making process to practice change. Again, the role of the senior managers is key here.

These practices in Teru have created a positive feedback loop of practice change, with informal mentoring and on-the-job training important in passing on norms on foster care over generations of caseworkers. There is concern among the Teru CGC staff that when the three senior managers retire the CGC's organisational culture may change.

The lack of stability or continuity in approach among senior managers in Irifune mean that positive steps taken by one caseworker or foster care caseworker are isolated, and

susceptible to being annulled by their replacement or by other staff. The Irifune CGC has engaged less with tackling knowledge loss or creating a unified approach to alternative care within their staff than Teru. This more disparate organisational culture serves to limit change in Irifune.

2. Contributions

This work makes contributions to the academic fields of street-level bureaucracy, alternative care, and Japanese studies. Taking first the theoretical body of work on street-level bureaucrats, this thesis explores how models based on professionals or semi-professionals apply to generalist bureaucrats. Drawing on a historical institutionalism in a sociological perspective approach, this thesis argues that the absence of professional norms increases the importance of the ‘values’ and ‘norms’ of those implementing policy, as well as the organisational culture of the institutions in which they work. Starting from values, rather than norms, is particularly important where there is little existing research in the field.

The second contribution to the street-level bureaucracy literature is the development of work on vertical and horizontal divisions in bureaucracy to include ‘temporal divisions’. The constant rotation of staff strengthens path dependency by impacting upon the ability of actors to form networks and coalitions. This tripartite framework may contribute to our understanding of why policy and practice change in other areas in Japan are incremental, particularly in fields where actors are generalists rather than specialists. Future research on other policy areas in Japan, and in other systems that have generalist staff in regular rotation, is needed to develop this concept.

The third contribution here is the exploration of an unusual power balance between street-level bureaucrat and client. The ability of the natal parent to withhold consent and the limited judicial support available mean that here the street-level bureaucrats are not as powerful,

and the ‘clients’ not as disempowered, as is often portrayed. This increases the ‘co-production’ of policy and leads CGC staff to rely on attempts to create role expectations in parents.²

The fourth contribution to this literature is the oft-overlooked consideration of the physical geography in which policy is implemented. The final contribution here is the structuring of findings and analysis into organisational context, value context, resources, norms, and organisational culture. This addresses Meyers and Vorsanger’s (2003) call for better integrated political, individual, and organisational explanations, and takes into account May and Winter’s (2007) argument on the importance of the role of management in integrating these explanations. Within this structure, organisational culture is seen as an important factor in explaining *why* differences in resources and beliefs occur.

This thesis also contributes richly detailed description of the decision-making process in alternative care in Japan. This represents an important contribution to comparative literature on alternative care, which often excludes Japan or seeks to explain it with an amorphous conceptualisation of *a* Japanese culture. Goodman notes that ‘there is virtually nothing written in English, not only on the child welfare services but indeed on personal social services in Japan in general’ (2000: 4). This work is the first ethnographic work on the CGCs, with the overwhelming majority of this thesis, including the context chapters, representing an original contribution to knowledge in a previously uncharted research area.

Sano, the head of the Teru CGC, argues that one of the issues Japan has faced in developing foster care services is that it exists as a kind of ‘Galapagos’, removed from global discourse on alternative care. This thesis seeks to imitate Darwin’s *Beagle* by exploring this Galapagos and reporting outwards what is happening and why. This is done in the hope that comparative scholars of alternative care integrate Japan into this global discourse, and that

² This creation of role expectations, in lieu of formal power, is also used by the CGC to attempt to shape the behaviour of care providers.

actors in Japan will be aware of these new works and engage with them when creating and implementing policy.

There are many things in this study that are likely to surprise scholars of alternative care: the lack of social work as a profession; the fact that decisions are instead made by generalist local bureaucrats; the continued use and scale of BIWIs; the CGC's inability to stop a child being returned to his mother, despite his having been locked in a room for seven years without stimulation and his sibling having been starved to death; the continued existence of CWIs housing over 150 children, even of those housing over 30 children; the fact that each caseworker has an average of 107 active cases (Saimura, 2008); the limited role of the judiciary and, perhaps linked to this, the absence of the child's voice and the lack of family participation in the formal decision-making process. The second contribution of this thesis to alternative care literature is explaining why at least some of these practices occur.

The third contribution to alternative care studies is the move past looking at Japan as a single case study and the recognition of domestic regional variation. As elsewhere, there is a tension between the devolution of authority and the right to equal access to services. To date, the MHLW has resolved this by taking the position that neither type of care is inherently better, and that different does not mean worse. Under this logic, the drive to promote foster care services has to be seen as diversifying the range of care available rather than as de-institutionalising care. Yet the MHLW's foster care guidelines state that foster care should be considered the default placement, with institutional care reserved for children in particular circumstances. This tension is yet to be resolved at a national policy level, which increases the space in which local authorities can exercise discretion.

Finally here, this thesis poses a new perspective on one of the macro-themes running through alternative care literature – the nexus between care and control. One manifestation of this comes in discussions on the balance between child protection and state intervention into

the family. This thesis offers an unusual perspective on this nexus, namely that the inability of the CGC to exercise control inhibits their ability to provide care that would allow the child to return to the family or to remain safely within the family. Without judicial support, the caseworker is unable to set parameters for parental involvement. This means that children often remain in alternative care for much longer than is necessary. In Japan, the lack of control is a significant barrier to providing appropriate care.

The findings of the thesis also represent a significant contribution to scholars of Japan, informing understandings of the family-bond and of the interaction between the state and the individual. The account of the interaction of local and national authority, the increased diversity of practice between local authorities, and the feedback from local policy and practice up to national policy and practice also represent significant contributions.

There is a need for more detailed research into the roles of the police and the judiciary here, and on how the values, norms, resources, and organisational cultures of these institutions interact with those of the CGCs. There is also a need for further research to test the model of the family-bond offered here. This could involve work on the family registration system, informal joint-custody, and kinship foster care.

This thesis was not able to address policy and practice change over time. The three fieldwork sites have all chosen to increase their foster care rates through very different mechanisms: Teru by investing in the CGC and NPOs that can support it, Yuno by working with foster care specialists in welfare institutions, and Irifune by outsourcing some foster care services to a BIWI. A historical study tracing the interaction of norms, resources and organisational cultures in different local authorities would test the proposed 'two-level' change model and further clarify the relationship between national and local authority.

3. Policy implications

Works on alternative care in Japan often conclude with predictions of imminent change (Bamba and Haight, 2009a; 2009b; Goodman, 2000; 2012). Discussing a change in funding in CWIs, from being based on capacity to being based on the number of children in the CWI, Goodman posited that this increased competition would mean that ‘[a]fter forty years of virtually no change, *yogoshisetsu* [CWIs] changed very rapidly during the late 1990s and look as if they will change even more rapidly at the start of the next decade’ (2000: 179).

Yet there has not been rapid change in the function of the welfare institutions since this point. There are still more children in large-style CWIs than in unit-style or community-based CWIs and many CWIs still have 12 children in each dormitory room, with only a fractionally improved staff to child ratio from 2000.

Concluding this thesis faces the same challenge faced by earlier authors, namely that once again alternative care in Japan appears to be on the cusp of significant change. The 2016 revisions to the Child Welfare Act seek to promote foster care and adoption and move away from the large CWIs and BIWIs that dominate service provision (MHLW, 2016e). Doi argues that ‘[i]f this revised Child Welfare Act is diligently observed, the alternative care system will drastically migrate from institutions to families’ (2016). The key is whether these revisions will be diligently observed: after all, local authorities did not respond to calls to create a target of one-third of children in foster care with uniform enthusiasm, with two local authorities submitting plans to decrease their foster care rate.

At the heart of this issue lies the tension between the desire to devolve authority and the desire of central government to promote change in a uniform direction across local authorities. One way to ameliorate this issue, already under consideration by influential national policymakers, is to create a powerful national inspectorate for care providers and CGCs, a role that is performed in the UK by OFSTED.

Discussing alternative care in Japan, Goldfarb (2013: 166) states:

Although legal and policy changes are certainly key in altering child-welfare practices, fine-grained cultural analysis is necessary in order to fully understand both the stakes of contemporary welfare practices, and the wide variety of beliefs and values that must be considered in any reform effort.

The research presented in this thesis points at ‘beliefs and values’ that any attempt to realise policy change must take into consideration to be successful. The first is the construction of the family-bond as discrete and singular. It is possible that this value will change, with the emerging issue of joint custody likely to influence discourse here, but this will take considerable time. Any attempt to increase the foster care rate must, therefore, begin with the semi-professionalization of foster care.

While well intentioned, current efforts to gain childcare leave for all foster parents risk further shifting the function of foster care towards adoption. Where foster care is seen as a proxy for adoption, with care based upon a family-bond, it is only considered suitable for the few children for whom the goal of care is not family-reunification, who are considered young enough to make a new family-bond, and who do not have ‘complex’ care needs. On the other hand, where foster care is constructed as semi-professional care in a family setting, it is less of a threat to the existing or potential family-bond and can be used children for whom the goal of care is family reunification, for older children, and for children with more complex needs.

There are several important steps towards the semi-professionalization of foster care. The first is to develop foster care service capacity. This could be in the form of not-for-profit organisations, as is the case with welfare institutions, or it could be in increased CGC capacity. Given the issues posed by staff rotation in CGCs, a hybrid of internal and external provision could provide local authorities a suitable balance of control and expertise.

The second step is to create more stringent national criteria for foster parent registration, so that CGCs can reject unsuitable applicants. This, coupled with investment into

foster parent training, would allow CGCs to use all registered foster parents, rather than simply increasing the number of registered foster parents irrespective of their ability to foster or the CGC's ability to support them. The MHLW is attempting to develop some foster care service provision capacity in welfare institutions. While this is not impossible, in its current incarnation there are significant conflicts of interest, in both beliefs and financial incentives.

CGC staff must also have more accessible avenues to resolving cases where the parent opposes their preferred course of action, on removing the child, returning the child, and placement type. The most internationally accepted means of doing this, as noted by Harada (2010; 2013), is for the judiciary to decide where the parent does not give consent. Harada argues that to do this, Japan 'will have to overcome many challenges, both technical and philosophical, since our child welfare system has been operating without court authority for many years' (2010: 233). Given that this may take considerable time, there may be the need to create a stop-gap solution that affords caseworkers, senior managers or independent mediators greater power in these decisions.

Any solution here must address the challenges posed here by staff rotation. One way this could be achieved would be to designate bureaucrats with enough experience as senior social workers and ensure they only rotate through positions that use their specialist knowledge. This senior bureaucrat could be given greater authority to resolve issues. A second, more palatable, solution would be to empower the subcommittee of the social welfare and public health committee with more legal powers. However this is achieved, this system must facilitate the cultivation and retention of expertise and experience.

Adoption, which is permanent, should not be devolved from the judiciary, even as a stop-gap measure. The fact that adoption is only an option when the parent voluntarily cedes their parental rights means that some foster care will continue to be used as a proxy for adoption. A new category of 'long-term foster care' could be introduced to cater for all placements that

are anticipated to last over three years and placements that cross this threshold. To ensure placement stability, which is considered as critical by the CGCs, and to move towards achieving ‘permanency’, which Harada (2013) argues for in Japan, ‘long-term foster care’ placements would have to have some mechanisms to prevent the parent removing the child from care on a whim.

The introduction of ‘long-term foster care’ could be connected to a change in funding structure, with higher levels of financial support for foster carers in their first three years of fostering and a reducing scale after that point. This would also contribute to the creation of a class of more professional foster carers, who would focus on providing shorter-term placements.

My second policy recommendation, related to the first, is the introduction of a new term for foster parents. The Japanese for foster care, *sato oya*, literally translates as natal village parents. CGC caseworkers explained to me that the word *oya*, parents, is often an issue for natal parents. In an effort to redress this, and to distinguish foster care from adoption, Tokyo now uses the term *Yōiku katei*, [child] rearing home, which is less emotive. One Tokyo CGC head explained that ‘in adoption you enter the same grave, you enter the family register. Foster care is more for care, so we created the name *yōniku katei*’ (interview, 2015).

If a ‘long-term foster care’ category was created, this could retain the term *sato oya*, perhaps with the prefix *chou-ki*, long-term. This would further increase the contrast between foster *carers*, used to promote family reintegration, and long-term foster *parents*, used as a proxy for adoption. This may also help caseworkers secure parental consent for foster care.

The third piece of policy advice that stems from this thesis relates to attachment and the dissemination of academic constructions of attachment to practitioners. If attachment theory were understood by practitioners as it is by academics, both those inside and outside Japan, the development of attachment to a foster parent would not be seen as a threat to the

natal parent or to the family-bond. Under attachment theory, the child's ability to form a bond with an adult strengthens their capacity to do this with another adult. That is, forming a family-bond with a foster carer not only poses no threat to the family-bond, it could strengthen the family-bond. This means that the constructed limbo of welfare institutions is a limbo that does not need to exist. The gap between theory and practice here is likely to be magnified by staff turnover and the generalist status of those implementing policy.

The importance of connecting practice to evidence extends beyond attachment. The aversion within the MHLW to conducting research on BIWIs and attachment disorders, for fear of stigmatising BIWI alumni, goes against the very idea of evidence-informed policy. This fear of being confronted with evidence, seemingly based largely on an insecurity over the ability to readily respond to it, also leads to outspoken academics being excluded from MHLW committees, and a reluctance in the MHLW to meet with critics of the status quo, most notably Human Rights Watch. This further inhibits anything other than incremental change.

It is possible that the continual rotation of staff within the MHLW, and indeed within local authorities, contributes to this insecurity. This apprehension is not limited to governmental actors. After one cautious response to a query on why they still run BIWIs, in which they acknowledged that they are 'aware of the UN Guidelines' (see Appendix 9), the Japanese Red Cross, which is the largest provider of BIWIs, stopped all communication with me for 'fear of adding fuel to the fire' (anonymised interview, 2014).

This caution over evidence exists in spite of the fact that some BIWI, CWI and CGC staff believe some children are damaged by spending prolonged periods in BIWIs. One CWI staff member noted that 'children who have been in BIWIs have greater difficulties even than children who come from abusive households' (interview, 2014). Yet individuals are unable to act upon these concerns, turning their energies instead to improving the system they are working within. This concern, of being confined in a system with serious issues, was most

concisely expressed by a senior manager in Teru, who noted: '[I] fear that all I am doing is moving children from abusive households to abusive institutions' (interview, 2014).

Achieving the stated goal of developing foster care service provision will require further reallocation of resources, as well as the establishment of up-front funds to develop new systems (European Commission, 2013; Fox and Gotestam, 2003; Mulheir and Browne, 2007; UNICEF, 2012; UNICEF and World Bank, 2003; UN Office of the High Commissioner for Human Rights, 2011; World Health Organization, 2010). At present, economy of scale means that for CGCs, placing a child into a CWI is comparable to providing a supported foster care placement. The higher cost of BIWIs, even than a well-supported specialist foster carer, mean that these may be a sensible place to begin any de-institutionalisation programme. One pilot scheme attempting exactly this is occurring in Nagano, under the supervision of Kamikado (Kamikado, personal correspondence, 2017, April 30). The Nippon Foundation (2015) is creating social impact bonds to help local authorities meet costs for these schemes.

Local authorities often lack the resources, both fiscal and of expertise, to invest here. The creation of a dedicated centralised team bringing together domestic and international experts on alternative care and the de-institutionalisation of care, along with the creation of a national fund for pilot programmes to evaluate the efficacy of de-institutionalisation, would greatly accelerate this process. While the position that local authorities are best placed to address local needs is a reasonable one, there is also sense in addressing shared problems in a co-ordinated manner to maximise the impact of available resources.

As a final suggestion, there is considerable scope to expand kinship foster care in Japan. The lack of enforceable legal authority means that CGCs are often cautious of kinship foster care as they cannot control the natal parents' access to the child. Creating a system with more control would open this care pathway up to more children.

I feel a little presumptuous making these policy recommendations: there are many experts within Japan who have devoted their lives to these issues, which I have only spent a decade on so far. My only defence against this charge is that by looking at this as an outsider I have had a different viewpoint from most. Here I take heart from Thelen's (1999: 386) observation:

Institutions are socially constructed in the sense that they embody shared cultural understandings ("shared cognitions," "interpretive frames") of the way the world works... This means that even when policy makers set out to redesign institutions, they are constrained in what they can conceive of by these embedded, cultural constraints

Further, I know that all of those who were gracious enough to host me during my fieldwork or grant me their time for an interview or chat over coffee are doing their best within the system in which they work. When volunteering with CWIs I was constantly humbled by the dedication of the staff to the children in their care. Similarly, when researching with CGCs I was deeply touched by the efforts of the staff to resolve incredibly challenging situations over which they had little concrete authority, and when interviewing bureaucrats and politicians I was struck by their desire to improve the situation of the system they manage.

Yet for too long alternative care in Japan has been a closed world, evolving in unusual directions like the birds of Darwin's Galapagos. The limit to this metaphor is that the birds in the Galapagos were perfectly adapted to their environment, while the care provision in Japan does not represent the best possible care that a child in the third largest economy in the world could have. My most fervent hope for this thesis is that it provides a different standpoint for those tasked with creating and implementing policy to re-examine their views. That it serves to stimulate change.

Appendices

Appendix 1: The foster care rate by local authority, 2004, 2014, 2004 to 2014

Local authority	2004*	2014	2004-2014	Local authority	2004*	2014	2004-2014
Kawasaki City	39.2%	20.8%	-18.4%	Hiroshima	5.4%	13.6%	8.2%
Sagamihara City (2010)*	29.9%	12.0%	-17.9%	Kagoshima	2.1%	11.1%	9.0%
Akita	12.1%	6.1%	-6.0%	Shimane	13.0%	22.3%	9.3%
Yokohama City	17.5%	12.7%	-4.8%	Kochi	2.9%	12.3%	9.4%
Niigata City (2007)*	40.0%	35.4%	-4.6%	Yamaguchi	5.5%	15.0%	9.5%
Chiba City	21.3%	19.0%	-2.3%	Yamanashi	18.5%	28.1%	9.6%
Yokosuka City (2007)*	15.6%	16.4%	0.8%	Ehime	1.7%	11.8%	10.1%
Kumamoto City (2010)*	8.4%	9.7%	1.3%	Wakayama	4.1%	14.5%	10.4%
Osaka City	8.8%	10.8%	2.0%	Tottori	10.2%	20.8%	10.6%
Tokyo	9.9%	12.1%	2.2%	Hiroshima City	3.2%	13.8%	10.6%
Miyazaki	11.5%	14.0%	2.5%	Aomori	10.9%	22.0%	11.1%
Kanagawa	7.2%	10.7%	3.5%	Tokushima	4.3%	15.8%	11.5%
Kobe City	4.8%	8.8%	4.0%	Okinawa	22.5%	34.6%	12.1%
Gunma	11.2%	15.5%	4.3%	Hokkaido	16.9%	29.4%	12.5%
Fukui	4.8%	9.2%	4.4%	Shiga	20.1%	32.6%	12.5%
Osaka	2.7%	7.3%	4.6%	Nagasaki	2.1%	14.7%	12.6%
Ibaraki	9.0%	13.6%	4.6%	Nara	3.2%	15.9%	12.7%
Gifu	4.1%	9.2%	5.1%	Saga	1.1%	13.9%	12.8%
Kumamoto	4.9%	10.4%	5.5%	Fukuoka	3.8%	17.0%	13.2%
Okayama City (2009)*	5.5%	11.5%	6.0%	Okayama	5.9%	19.2%	13.3%
Kyoto	4.8%	10.9%	6.1%	Tochigi	7.9%	21.3%	13.4%
Nagoya City	6.0%	12.2%	6.2%	Kagawa	6.5%	20.0%	13.5%
Kyoto City	3.3%	9.5%	6.2%	Niigata	26.9%	41.4%	14.5%
Sakai City (2006)*	0.9%	7.3%	6.4%	Toyama	7.1%	21.6%	14.5%
Aichi	8.0%	14.7%	6.7%	Hamamatsu City (2007)*	4.9%	19.7%	14.8%
Nagano	3.2%	10.1%	6.9%	Ishikawa	2.1%	17.5%	15.4%
Sapporo City	15.2%	22.6%	7.4%	Shizuoka	9.3%	25.5%	16.2%
Hyogo	5.2%	12.7%	7.5%	Sendai City	6.6%	23.8%	17.2%
Saitama	9.0%	16.6%	7.6%	Iwate	10.0%	27.9%	17.9%
Mie	10.7%	18.5%	7.8%	Saitama City	11.0%	31.7%	20.7%
Yamagata	6.1%	13.9%	7.8%	Miyagi	16.3%	37.5%	21.2%
Chiba	12.3%	20.3%	8.0%	Oita	7.0%	28.5%	21.5%
Fukushima	8.6%	16.6%	8.0%	Shizuoka City (2005)*	15.3%	39.0%	23.7%
Kanazawa City (2007)*	1.0%	9.1%	8.1%	Fukuoka City	6.8%	32.4%	25.6%
Kitakyushu City	6.0%	14.2%	8.2%				

* Where a city is followed by (year), the figure in the '2004' column refers to this year. This indicates the year in which the city gained control of their own alternative care system

Data Sources: MHLW Welfare administration reported cases, 2004, 2014.

Appendix 2: Progression to tertiary education by local authority and regional bloc. 2010, 2011, 2010-11

	March - May 2010		March - May 2011		2010 & 2011	
	Total number of 3rd yr CWI high school students	Overall progression rate (%)	Overall progression rate (%)	Total number of 3rd yr CWI high school students	Total no. of progressing students	Accumulated Average %
Hokkaido	85	29.5	25	76	44	27.4
Sapporo City	9	22.2	25	12	5	23.8
Hokkaido	94			88	49	27.0
Aomori	23	13	10	20	5	11.6
Iwate	21	14.3	9.1	22	5	11.6
Miyagi	6	0	0	3	0	0.0
Akita	9	0	20	10	2	10.5
Yamagata	16	0	0	12	0	0.0
Fukushima	12	33.3	8	25	6	16.2
Sendai City	9	0	13.4	15	2	8.4
Tohoku	96			107	20	9.9
Ibaraki	32	25	13.8	29	12	19.7
Tochigi	19	15.8	15	20	6	15.4
Gunma	17	11.8	14.3	14	4	12.9
Saitama	55	23.6	24.2	58	27	23.9
Chiba	35	17.1	32.6	43	20	25.6
Tokyo	155	30.3	38.5	200	124	34.9
Kanagawa	40	10	35.3	34	16	21.6
Saitama City	6	33.3	33.4	3	3	33.3
Chiba City	3	33.3	33.4	3	2	33.4
Yokohama City	15	20	36.9	19	10	29.4
Kawasaki City	5	0	0	6	0	0.0
Sagamihara City	4	0	50	2	1	16.7
Yokosuka City	1	0	50	2	1	33.3
Kanto	387			433	226	27.6
Niigata	3	0	22.3	9	2	16.7
Toyama	3	0	28.6	7	2	20.0
Ishikawa	14	0	26.7	15	4	13.8
Fukui	7	0	16.7	6	1	7.7
Yamanashi	21	23.8	21.5	14	8	22.9
Nagano	32	0	19.4	31	6	9.5
Gifu	37	13.5	30.6	36	16	21.9
Shizuoka	14	14.3	0	11	2	8.0
Aichi	33	27.3	14.9	27	13	21.7
Niigata City	0	0	100	1	1	100.0
Shizuoka City	1	0	25	4	1	20.0
Hamamatsu City	11	0	57.2	7	4	22.2
Nagoya City	25	12	21.3	33	10	17.3
Kanazawa City	8	0	33.4	6	2	14.3
Chubu	209			207	72	17.3
Mie	26	30.8	18.8	16	11	26.2
Shiga	8	37.5	16.7	6	4	28.6
Kyoto	17	23.5	20	20	8	21.6
Osaka	49	22.4	23.7	72	28	23.2
Hyogo	36	13.9	38.3	34	18	25.8
Nara	19	42.1	18.2	22	12	29.3
Wakayama	8	0	25	12	3	15.0
Kyoto City	20	0	27.3	22	6	14.3
Osaka City	25	8	10.6	19	4	9.1
Sakai City	17	0	28.6	21	6	15.8
Kobe City	28	0	29.1	31	9	15.3
Kansai	253			275	109	20.7

	March - May 2010		March - May 2011		2010 & 2011	
	Total number of 3rd yr CWI high school students	Overall progression rate (%)	Overall progression rate (%)	Total number of 3rd yr CWI high school students	Total no. of progressing students	Accumulated Average %
Tottori	10	20	13.4	15	4	16.0
Shimane	7	42.9	27.3	11	6	33.4
Okayama	21	0	27.3	22	6	14.0
Hiroshima	24	33.3	50	18	17	40.5
Yamaguchi	27	22.2	9.1	33	9	15.0
Okayama City	9	22.2	33.4	6	4	26.7
Hiroshima City	6	0	12.5	16	2	9.1
Chugoku	104			121	48	21.3
Tokushima	15	0	17.7	17	3	9.4
Kagawa	4	0	25	4	1	12.5
Ehime	29	0	8.6	35	3	4.7
Kochi	29	37.9	28.6	21	17	34.0
Shikoku	77			77	24	15.6
Fukuoka	30	20	10.4	29	9	15.3
Saga	5	0	7.2	14	1	5.3
Nagasaki	39	38.5	18.9	53	25	27.2
Kumamoto	36	25	17.7	34	15	21.5
Oita	18	22.2	13.8	29	8	17.0
Miyazaki	6	16.7	15.4	13	3	15.8
Kagoshima	35	14.3	15.6	45	12	15.0
Kitakyushu City	21	14.3	7.7	26	5	10.6
Fukuoka City	15	0	16.7	12	2	7.4
Kumamoto City	0	0	27.8	18	5	27.8
Kyushu	205			273	85	17.8
Okinawa	19	36.8	5.3	19	8	21.1
Okinawa	18			19	8	21.1

Data Sources: National Child Welfare Administration Division Head Meeting, 2011: 228-9; 2012: 366-7.

University of Oxford



Central University Research Ethics Committee

Consent to Record Interview

Name of Research Project: Regional Variation in policy implementation regarding looked-after-children in Japan

CUREC Number.....

Principal Investigator: Michael King [nee. Maher King], ESRC funded DPhil Candidate at the University of Oxford

About me and my project 😊

My name is Mike, and I am researching child welfare provision in Japan. I am a doctoral student in the Comparative Social Policy department at the University of Oxford.

I am trying to understand regional variation in foster care rates here in Japan. There is a big difference between Sakai City, which has 4.2% of looked-after-children in foster care, and Niigata Prefecture, which has 39%, and I don't quite understand why this difference exists. I think that understanding this difference is very important, especially given the targets for foster care set by the recent '2010 Vision on children and childrearing' policy document.

I will ask you questions about this topic. Of course you don't have to answer anything that you don't want to, and you can withdraw from the interview at any point that you like. If you want to email me after this you can on Michael.maherking@pmb.ox.ac.uk and let me know any thoughts or ideas. We will also have some time for you to ask me any questions you like both before and after we chat.

Because I am going to write about this for my DPhil thesis, and possibly some academic articles, I need you to sign this piece of paper saying that you don't mind me recording our interview and that I can use your words in my essay. This also ensures that I do not make any mistakes in the Japanese and that we can check things together after the interview if you so wish. I will confirm any direct quotes of yours that I use with you for accuracy. If you like I can send you a copy of my thesis. A copy of my thesis will go into the library at the University of Oxford.

This research has received ethical clearance from the Oxford University ethics committee (CUREC). Signing below means that you understand what you have read, and that you are ok for me to interview you, record it, and use it in my research. I am the only person who will have access to all of this interviews, which will be stored under all the appropriate legal provisions, as well as guidelines from my university. My supervisors will be able to see the interviews but not your name.

If you would like I can anonymise your interview, and not use your real name in the essay. This is completely up to you. Some people feel that they can speak more frankly in this way, others want to have their name with their opinions. I am happy with whatever you prefer. I believe that this is a very important issue and that your help can illuminate different discourses on child welfare worldwide.

Signed..... (Participant)

Print Name..... (Participant)

Witnessed by..... (Researcher)

Print name..... (Researcher)

Date.....

If you have a concern about any aspect of this project, please speak to the researcher concerned (+44 7786 170 273) who will do his/her best to answer your query. If you remain unhappy and wish to make a formal complaint, please contact the Research Ethics Committee at the University of Oxford (ethics@socsci.ox.ac.uk; +44 (0)1865 614871; Social Sciences & Humanities Inter-Divisional Research Ethics Committee, Oxford University, Hayes House, 75 George Street, Oxford, OX1 2BQ, UK).

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Appendix 4: Staff to child ratio in institutions

Institution	Staff to Child ratio (since 2013)
Baby and Infant Welfare Institution (Capacity of over 10 babies and infants)	
Under 2 years old	1 : 1.6
2 - 3 years old	1 : 2
Over 3 years old	1 : 4
Child Welfare Institution	
Until school age	As BIWI
School age	1 : 5.5
Short-term therapeutic institutions for emotionally disturbed children	1 : 4.5
Children's self-reliance support institutions	1 : 4.5
UK Residential care (Average)	3 : 1

Data Sources:

Japan: MHLW. (2016b). *Shakai-teki yongo no genjou ni tsuite (sanka shiryō)*: 2016, July: 11.

UK: Berridge et al. (2012).

Appendix 5: Parental financial responsibility for children in care

Category	Criteria	Financial contribution per month (JPY)	Percentage of parents (approximation)
A	Families protected under the Public Assistance Act (including single parent families)	0	20%
B	Households except from paying municipal tax	2,200	30%
C1	Households other than A and D who are not eligible to pay income tax	4,500	20%
C2	Households other than A and D who are eligible to pay income tax	6,600	
D1	Income tax of under 15,000 yen	9,000	30%
D2	Income tax of 15,001 yen to 40,000 yen	13,500	
D3	Income tax of 40,001 yen to 70,000 yen	18,700	
D4	Income tax of 70,001 yen to 183,000 yen	39,000	
D5	Income tax of 183,001 yen to 403,000 yen	Actual cost, capped at 41,200	

N.B. This represents the categories of one local authority only. The approximation on the percentage of parents in each category is a rough estimate from a senior bureaucrat involved in following up with parents to secure these payments

Appendix 6: Additional information on the 'acclimatisation' process

In almost all cases there is a period of acclimatisation, *kōryuu*, when a child enters foster care. The *kōryuu* process, which can be translated as exchange, relationship building, acclimatisation, or interaction, only occurs when a child will be adopted, fostered or occasionally, as in Jinpei's case (Chapter 5), when a child will be returned to their parents: it does not occur for institutional placements.

During this process, the foster parent and child get to know each other and the caseworker assesses the suitability of the match. For adoption, and where the foster care is understood as long-term, the *kōryuu* process is best understood as a period aimed at facilitating the creation of a foundation, upon which it is hoped that, through the continued 'embodied practice' of care, a family-bond will develop.

The *kōryuu* process is carried out from a BIWI or temporary care institution, or less frequently from a CWI or specialist welfare institution. Temporary care institutions inside the CGCs are seen as giving the CGC more control over the process but cannot care for children under 2 years old. This means that all *kōryuu* for babies and infants comes from a placement, or temporary placement, in a BIWI.

The process varies between welfare institutions but usually starts with a period where the carers will visit the child, for example in a BIWI, on a weekly or fortnightly basis for one hour to play together. When the BIWI and CGC feel the child is comfortable with the carers these visits are lengthened or made more frequent. After another period of time has passed the child will go out on day trips with the carers and eventually stay overnight at the family's home. After a number of overnight stays the placement will be made. The CGC is responsible for assessing the suitability of the match, though the BIWI will give feedback to the CGC, for example on the baby crying during a visit or a behavioural change after a home visit. The weight that the CGC assigns these reports varies, though it can be hard for a CGC to place a child

when the BIWI, which is providing the care to the child on a daily basis, states that the child is not ready.

As noted in Chapter 1, this period averages five months, with the longest reported lasting 15 years (National CGC association, 2011, p68). The shortest *kōryū* I saw lasted three months and the longest two and a half years.

The ‘Aichi method’, where a baby is placed directly with foster parents who are registered to adopt rather than first into a BIWI, challenges the idea that an adoptive family will necessarily reject a child who is later found to have any special care needs, learning difficulties, or physical disabilities, and the idea that family-bonds developed through practice without blood require gradual development.

Appendix 7: The foster care rate and institutional capacity, relative to the child population under 15 years old.

By local authority, 2014

Local authority	BIWI & CWI capacity per 10,000 children (0-14 years old)	Foster care rate	Local authority	BIWI & CWI capacity per 10,000 children (0-14 years old)	Foster care rate
Hokkaido	29.2	29.4%	Tokushima	39.9	15.8%
Aomori	26.0	22.0%	Kagawa	14.4	20.0%
Iwate	22.5	27.9%	Ehime	33.8	11.8%
Miyagi	4.1	37.5%	Kochi	49.1	12.3%
Akita	20.9	6.1%	Fukuoka	23.6	17.0%
Yamagata	17.6	13.9%	Saga	23.6	13.9%
Fukushima	18.8	16.6%	Nagasaki	31.5	14.7%
Ibaraki	22.3	13.6%	Kumamoto	32.3	10.4%
Tochigi	22.9	21.3%	Oita	26.5	28.5%
Gunma	17.1	15.5%	Miyazaki	32.5	14.0%
Saitama	20.2	16.6%	Kagoshima	38.3	11.1%
Chiba	15.2	20.3%	Okinawa	17.4	34.6%
Tokyo	23.5	12.1%	Sapporo City	18.2	22.6%
Kanagawa	29.2	10.7%	Sendai City	28.5	23.8%
Niigata	10.1	41.4%	Saitama City	7.1	31.7%
Toyama	16.9	21.6%	Chiba City	11.8	19.0%
Ishikawa	20.2	17.5%	Yokohama City	12.1	12.7%
Fukui	21.6	9.2%	Samagihara City	12.5	12.0%
Yamanashi	25.7	28.1%	Kawasaki City	13.1	20.8%
Nagano	24.6	10.1%	Niigata City	3.9	35.4%
Gifu	22.1	9.2%	Shizuoka City	10.9	25.5%
Shizuoka	16.9	25.5%	Hamamatsu City	20.5	19.7%
Aichi	16.1	14.7%	Nagoya City	26.6	12.2%
Mie	19.4	18.5%	Kyoto City	28.1	9.5%
Shiga	10.6	32.6%	Osaka City	35.4	10.8%
Kyoto	21.7	10.9%	Sakai City	30.6	7.3%
Osaka	24.1	7.3%	Kobe City	34.9	8.8%
Hyogo	22.2	12.7%	Okayama City	32.3	11.5%
Nara	21.7	15.9%	Hiroshima City	18.4	13.8%
Wakayama	31.7	14.5%	Fukuoka City	17.7	32.4%
Tottori	34.9	20.8%	Kitakyushu City	34.7	14.2%
Shimane	21.7	22.3%	Kumamoto City	31.5	9.7%
Okayama	24.1	19.2%	Yokosuka City	26.9	16.4%
Hiroshima	23.3	13.6%	Kanazawa City	35.2	9.1%
Yamaguchi	32.6	15.0%	Japan	22.3	16.5%

Data Sources: MHLW Welfare Administration Reported Cases. Referencing data sheets:

- 1: The number of foster carers, the number of children placed into foster care, by prefecture, designated city, and core city
- 2: The number of small-scale residential-type child rearing businesses (family homes), capacity, new staff and staff leaving over the year, current number of staff, number of children in family homes by prefecture, designated city, and core city
- 3: Table 11: Social Welfare Institutions (excluding midwives facilities and Mother and Child living support institutions) - institution capacity, current number of children, nationwide, by prefecture, designated city and core city, and by type of institution (Pre 2014 see MHLW social welfare institutions survey, Table 8: institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution, and by management status, public and private)

Child population: National census 2010 (Child population under 15 years old)

Appendix 8: The foster care rate and number of foster parents, relative to the child population under 15 years old. By local authority, 2014

Local authority	Number of registered foster carers per 10,000 children (under 15)	Foster care rate
Hokkaido	11.8	29.4%
Aomori	7.3	22.0%
Iwate	11.3	27.9%
Miyagi	8.7	37.5%
Akita	4.8	6.1%
Yamagata	5.2	13.9%
Fukushima	7.0	16.6%
Ibaraki	5.2	13.6%
Tochigi	9.2	21.3%
Gunma	4.3	15.5%
Saitama	5.6	16.6%
Chiba	6.1	20.3%
Tokyo	4.6	12.1%
Kanagawa	5.2	10.7%
Niigata	8.3	41.4%
Toyama	5.7	21.6%
Ishikawa	5.7	17.5%
Fukui	6.4	9.2%
Yamanashi	11.2	28.1%
Nagano	5.7	10.1%
Gifu	6.0	9.2%
Shizuoka	8.2	25.5%
Aichi	4.0	14.7%
Mie	7.5	18.5%
Shiga	8.6	32.6%
Kyoto	5.3	10.9%
Osaka	2.2	7.3%
Hyogo	5.2	12.7%
Nara	7.1	15.9%
Wakayama	7.3	14.5%
Tottori	10.3	20.8%
Shimane	10.3	22.3%
Okayama	5.4	19.2%
Hiroshima	5.7	13.6%
Yamaguchi	8.2	15.0%

Local authority	Number of registered foster carers per 10,000 children (under 15)	Foster care rate
Tokushima	7.2	15.8%
Kagawa	5.2	20.0%
Ehime	5.9	11.8%
Kochi	5.3	12.3%
Fukuoka	4.8	17.0%
Saga	5.6	13.9%
Nagasaki	5.5	14.7%
Kumamoto	7.3	10.4%
Oita	8.7	28.5%
Miyazaki	5.7	14.0%
Kagoshima	4.6	11.1%
Okinawa	7.7	34.6%
Sapporo City	10.3	22.6%
Sendai City	10.5	23.8%
Saitama City	8.9	31.7%
Chiba City	4.8	19.0%
Yokohama City	2.9	12.7%
Samagihara City	4.5	12.0%
Kawasaki City	6.3	20.8%
Niigata City	7.6	35.4%
Shizuoka City	8.9	25.5%
Hamamatsu City	6.6	19.7%
Nagoya City	5.2	12.2%
Kyoto City	5.6	9.5%
Osaka City	3.0	10.8%
Sakai City	3.3	7.3%
Kobe City	4.4	8.8%
Okayama City	5.2	11.5%
Hiroshima City	3.5	13.8%
Fukuoka City	6.6	32.4%
Kitakyushu City	5.0	14.2%
Kumamoto City	4.7	9.7%
Yokosuka City	3.9	16.4%
Kanazawa City	5.0	9.1%
National	5.9	16.5%

Data Sources: MHLW Welfare Administration Reported Cases. Referencing data sheets:

- 1: The number of foster carers, the number of children placed into foster care, by prefecture, designated city, and core city
- 2: The number of small-scale residential-type child rearing businesses (family homes), capacity, new staff and staff leaving over the year, current number of staff, number of children in family homes by prefecture, designated city, and core city
- 3: Table 11: Social Welfare Institutions (excluding midwives facilities and Mother and Child living support institutions) - institution capacity, current number of children, nationwide, by prefecture, designated city and core city, and by type of institution (Pre 2014 see MHLW social welfare institutions survey, Table 8: institution capacity, current number of children, nationwide, by prefecture, designated city, and core city, and by type of institution, and by management status, public and private)

Child population: National census 2010 (Child population under 15 years old)

Appendix 9: The foster care rate and child guidance centre foster care staff. Absolute and relative to child population, under 15 years old. By local authority, 2014

	Child Guidance Centre Structure				Staff within the foster care service agency structure								Foster care rate (2014)	Child population (under 15)	(1) & (3) per 10,000 children	(2) & (3) per 10,000 children	(2) per 10,000 children	(2) & (4) per 10,000 children	(3) per 10,000 children
	Number of CGCs	Foster care caseworkers			Foster care promotion workers		Foster care promotion workers												
		Total (1)	Dedicated (2)	Concurrent	Total (3)	Full time (4)	Part time	Employed by local government working in CGC	Employed by agency based in CGC	Employed by agency based in agency	Working as caseworker and given the name 'foster care promotion worker'								
Nationwide	207	335	98	237	162	37	125	124	11	16	11	16.5%	16,803,444	0.296	0.155	0.058	0.080	0.096	
Hokkaido	8	8	8		8	8					8	29.4%	433,100	0.369	0.369	0.185	0.369	0.185	
Aomori	6	6		6	1		1					22.0%	171,842	0.407	0.058	0.000	0.000	0.058	
Iwate	3	3	1	2	1		1					27.9%	168,804	0.237	0.118	0.059	0.059	0.059	
Miyagi	3	4	1	3	3		3	3				37.5%	171,369	0.408	0.233	0.058	0.058	0.175	
Akita	3	7		7								6.1%	124,061	0.564	0.000	0.000	0.000	0.000	
Yamagata	2	2		2	1	1				1		13.9%	149,759	0.200	0.067	0.000	0.067	0.067	
Fukushima	4	4		4	4		4	4				16.6%	276,069	0.290	0.145	0.000	0.000	0.145	
Ibaraki	3	3		3	1	1	1	1				13.6%	399,638	0.100	0.025	0.000	0.000	0.025	
Tochigi	3	3		3	3		3	3				21.3%	269,823	0.222	0.111	0.000	0.000	0.111	
Gunma	3	12		12	4		4	3		1		15.5%	275,225	0.581	0.145	0.000	0.000	0.145	
Saitama	6	12		12	15		15	15				16.6%	786,742	0.343	0.191	0.000	0.000	0.191	
Chiba	6	12	6	6	1		1			1		20.3%	675,674	0.192	0.104	0.089	0.089	0.015	
Tokyo	11	26	24	2	11	11			11			12.1%	1,477,371	0.250	0.237	0.162	0.237	0.074	
Kanagawa	5	11	6	5	11	6	5	11				10.7%	370,490	0.594	0.459	0.162	0.324	0.297	
Niigata	5	1		1								41.4%	198,362	0.050	0.000	0.000	0.000	0.000	
Toyama	2	3		3	2		2			2		21.6%	141,936	0.352	0.141	0.000	0.000	0.141	
Ishikawa	2	5	2	3	2		2	2				17.5%	97,025	0.721	0.412	0.206	0.206	0.206	
Fukui	2	3		3	2		2	2				9.2%	112,192	0.446	0.178	0.000	0.000	0.178	
Yamanashi	2	2		2	1		1	1				28.1%	115,337	0.260	0.087	0.000	0.000	0.087	
Nagano	5	8		8	1		1	1				10.1%	295,742	0.304	0.034	0.000	0.000	0.034	
Gifu	5	13	1	12	1		1	1				9.2%	289,748	0.483	0.069	0.035	0.035	0.035	
Shizuoka	5	6	1	5	4		4	4				25.5%	307,809	0.325	0.162	0.032	0.032	0.130	
Aichi	10	10		10	2		2	2				14.7%	775,612	0.155	0.026	0.000	0.000	0.026	
Mie	5	14	1	13	1		1	1				18.5%	253,174	0.592	0.079	0.039	0.039	0.039	
Shiga	2	2		2	2		2			2		32.6%	210,753	0.190	0.095	0.000	0.000	0.095	
Kyoto	3	4		4								10.9%	163,354	0.245	0.000	0.000	0.000	0.000	
Osaka	6	7	7		8		8	8				7.3%	739,357	0.203	0.203	0.095	0.095	0.108	
Hyogo	5	5		5	5		5	5				12.7%	564,314	0.177	0.089	0.000	0.000	0.089	
Nara	2	6	1	5	1		1	1				15.9%	184,011	0.380	0.109	0.054	0.054	0.054	
Wakayama	2	4		4								14.5%	128,005	0.312	0.000	0.000	0.000	0.000	
Tottori	3	3		3	2		2			2		20.8%	77,951	0.641	0.257	0.000	0.257	0.257	
Shimane	4	4		4								22.3%	92,218	0.434	0.000	0.000	0.000	0.000	
Okayama	3	7		7	2	2	2					19.2%	164,678	0.547	0.121	0.000	0.121	0.121	
Hiroshima	3	3	3		3	3	3					13.6%	219,017	0.274	0.274	0.137	0.274	0.137	
Yamaguchi	5	5		5	1	1	1					15.0%	184,049	0.326	0.054	0.000	0.054	0.054	

	Child Guidance Centre Structure				Staff within the foster care service agency structure								Foster care rate (2014)	Child population (under 15)	(1) & (3) per 10,000 children	(2) & (3) per 10,000 children	(2) per 10,000 children	(2) & (4) per 10,000 children	(3) per 10,000 children
	Number of CGCs	Foster care caseworkers		Foster care promotion workers		Foster care promotion workers													
		Total (1)	Dedicated (2)	Concurrent	Total (3)	Full time (4)	Part time	Employed by local government working in CGC	Employed by agency based in CGC	Employed by agency based in agency	Working as caseworker and given the name 'foster care promotion worker'								
Tokushima	3	7		7	1	1							15.8%	96,596	0.828	0.104	0.000	0.104	0.104
Kagawa	2	2		2	1	1	1						20.0%	131,670	0.228	0.076	0.000	0.076	0.076
Ehime	3	1		1									11.8%	185,179	0.054	0.000	0.000	0.000	0.000
Kochi	2	3		3									12.3%	92,798	0.323	0.000	0.000	0.000	0.000
Fukuoka	6	6	3	3	3	3	3						17.0%	365,909	0.246	0.164	0.082	0.164	0.082
Saga	1	1	1		2	2	2						13.9%	123,447	0.243	0.243	0.081	0.243	0.162
Nagasaki	2	3	1	2	2	2	2						14.7%	193,428	0.258	0.155	0.052	0.155	0.103
Kumamoto	2	2		2	2	2	2						10.4%	144,196	0.277	0.139	0.000	0.139	0.139
Oita	2	3	2	1	4	4	4						28.5%	155,634	0.450	0.386	0.129	0.386	0.257
Miyazaki	3	3		3	3	3	3						14.0%	158,588	0.378	0.189	0.000	0.189	0.189
Kagoshima	3	3		3	1	1	1						11.1%	233,379	0.171	0.043	0.000	0.043	0.043
Okinawa	2	2	2		2	2	2						34.6%	246,313	0.162	0.162	0.081	0.162	0.081
Sapporo City	1	2	1	1	1	1	1						22.6%	224,212	0.134	0.089	0.045	0.089	0.045
Sendai City	1	2		2	2	2	2						23.8%	136,832	0.292	0.146	0.000	0.146	0.146
Saitama City	1	6	6		1	1	1						31.7%	166,926	0.419	0.419	0.359	0.359	0.060
Chiba City	1	2		2	1	1	1						19.0%	123,972	0.242	0.081	0.000	0.081	0.081
Yokohama City	4	11	4	7	4	4	4						12.7%	486,262	0.308	0.165	0.082	0.165	0.082
Kawasaki City	3	3	1	2	3	3	3						20.8%	185,571	0.323	0.216	0.054	0.216	0.162
Samagihara City	1	1	1		1	1	1						12.0%	93,750	0.213	0.213	0.107	0.213	0.107
Niigata City	1	2		2									35.4%	103,346	0.194	0.000	0.000	0.000	0.000
Shizuoka City	1	2		2	1								25.5%	91,673	0.327	0.109	0.000	0.000	0.109
Hamamatsu City	1	4	1	3	1	1	1						19.7%	112,093	0.446	0.178	0.089	0.178	0.089
Nagoya City	2	4	2	2	2	2	2						12.2%	289,642	0.207	0.138	0.069	0.138	0.069
Kyoto City	2	2		2	3								9.5%	171,090	0.292	0.175	0.000	0.000	0.175
Osaka City	1	6	5	1	1	1	1						10.8%	308,093	0.227	0.195	0.162	0.195	0.032
Sakai City	1	3	1	2	4	3							7.3%	117,750	0.594	0.425	0.085	0.340	0.340
Kobe City	1	5		5	1		1						8.8%	194,963	0.308	0.051	0.000	0.000	0.051
Okayama City	1	2		2	1	1	1						11.5%	100,175	0.299	0.100	0.000	0.100	0.100
Hiroshima City	1	4	1	3	1		1						13.8%	167,793	0.298	0.119	0.060	0.060	0.060
Kitakyushu City	1	1	1		2	2	2						14.2%	126,391	0.237	0.237	0.079	0.237	0.158
Fukuoka City	1	3	3		3	3	3						32.4%	191,824	0.313	0.313	0.156	0.313	0.156
Kumamoto City	1	1		1	2	2	2						9.7%	105,410	0.285	0.190	0.000	0.190	0.190
Yokosuka City	1	1		1	1	1	1						16.4%	51,670	0.387	0.194	0.000	0.194	0.194
Kanazawa City	1	4		4	1	1	1						9.1%	62,258	0.803	0.161	0.000	0.161	0.161

Statistically significant?	No	No	No	Yes	No	No	No						No	No	No	No	No	No	No
	p = 0.80	p = 0.11	p = 0.87	p = .05	p = 0.50	p = 0.78	p = 0.78						p = 0.27	p = 0.21	p = 0.51	p = 0.17	p = 0.65	p = 0.77	

Source (translated): MHLW. (2016a). *Shakai-teki yongo no genjou ni tsuite (sanka shiryou)*. 2016, January: 92-93
Note: All data for October 2014, child population for children under 15 years old

Appendix 10: Email response from the Japanese Red Cross on BIWIs

Unofficial translation of the official statement in Japanese from the Japanese Red Cross. Translated by a third party who translates official policy documents for the Central Japanese Government.

Received 4th November 2014

Mr. Michael Maher King

Thank you very much for your continued understanding of the activities of the Japanese Red Cross. You wrote to us in English with long questions so it took us a long time to decipher and understand, however given that you understand Japanese we would like to reply to you from the office of the Welfare department, of the Relief and Welfare Division, which supervises the administration of child welfare institutions.

1. The reasons why the Red Cross runs baby and infant welfare institutions

The Red Cross runs baby and infant welfare institutions under the Child Welfare Act, with the approval of the Ministry of Health, Labour and Welfare. We raise children who cannot be cared for by their guardians. Of the babies and infants who enter the Japanese Red Cross baby and infant welfare institutions, approximately 20% are accounted for by sick and disabled babies and infants. Given that these babies and infants need medical services it is necessary to raise these babies and infants in cooperation with Red Cross hospitals. In addition, the costs for caring for babies and infants in these institutions are covered by government payments.

We are aware of the UN Guidelines and the Japanese government policies corresponding to them, which you (Mr. King) mentioned in your email. However, until the foster care system is sufficiently in order in Japan, under the Red Cross's principles of humanity, in order to protect the lives of children whose guardians cannot care for them, we think that there is no choice but to raise babies and infants in baby and infant welfare institutions.

2. The Japanese Red Cross' plans to close baby and infant welfare institutions

The Japanese Red Cross is actively engaged in driving forwards the foster care system. We have run salons and research meetings targeting people interested in becoming foster carers, and hosted meetings for foster carers peer exchange meetings. However, as we stated in point 1., given the reality that the foster care system is at present not sufficiently in order, and in order to protect the lives of sick babies and infants, and babies and infants with disabilities, for whom it is difficult to enter foster care, we think that it is essential to run baby and infant welfare institutions. Therefore, at present we do not have any plans to close baby and infant welfare institutions.

3. The number of children in the Red Cross baby and infant welfare institutions

There are currently 235 babies and infants in the Japanese Red Cross baby and infant welfare institutions.

...

Yours Sincerely,

Japanese Red Cross

Head of Welfare Department, Relief and Welfare Division

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Note: Where the author(s) provided an English translation of their work I have given this translation, rather than my translation.