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Aging and Elder Care in Japan: A Call for Empowerment-Oriented Community Development

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ABSTRACT
This article provides a brief overview of the situation of the elderly and their caregivers in Japan, including demographic changes in Japan, development and changes in long-term care policy that have targeted the poorly integrated community care system, and other challenges that the elderly and family caregivers face. Policy direction designed to address these issues is increasingly targeting care by the community versus support care by society (which was initially the main strategy). The potential of empowerment-oriented community development intervention strategies to decrease the gap between available institutional and formal community-based services and the needs of the elderly and their families in their efforts to meet late life challenges is described. The need for an increased role of social workers in community development interventions is explored and strategies are suggested.

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Japan stands first in the world in the percent of its population aged 65 and over at 26.7%. The number of people aged 65 and over hit a record high of 33.8 million, accounting for 26.7% of the nation’s total population (Ministry of Internal Affairs and Communications [MIC], 2015). The proportion of people aged 75 and over accounted for 12.9% and aged 80 and over reached 7.9%, which exceeded over 10 million for the first time in history. Additionally, in June 2013, the Ministry of Health, Labour, & Welfare (MHLW) announced that the number of people with dementia aged 65 or older was slightly over 4.6 million, 15% of the age group (Kyodo, 2013). The aging population is expected to rise rapidly over the next decades. The average life expectancy at birth is now 86.6 years for women and 80.21 years for men (Cabinet Office, 2015) and is expected to increase into the next century, likely at a slightly higher rate among women. Among the many issues that older women face are loneliness, higher prospects of disability, longer period of long-term care, and low income (Higuchi, 2004; Cabinet Office, 2015). At the same time, the number of younger people will
continue to fall, leading to less working people to support an aging population. Japan’s fertility rate was 1.42 in 2014 (MIC, 2015). By 2035, it is predicted that one in every three people will be 65 and older, and one in five people 75 and over (Cabinet Office, 2013; National Institute of Population and Social Security Research, 2012).

The financial status of elderly Japanese is also of great concern; currently, 54% of people 70 and older fall into the lower income group. The elderly spend most of their income on food, and medical expense is high, despite support from the national health care system. Income levels for the elderly are expected to decrease at a high rate in the next few decades (Kumano, 2015). The average expenditure is low for housing because many own their own housing, and approximately 13% live with children. However, changing housing arrangements affects elder care issues. The combined number of elderly couples (31.1%) and elderly living alone (25.6%) in 2013 exceeded half (or 56.7%) of all households with elderly residents (Cabinet Office, 2015). This trend is expected to reach 68.8% in 2035.

Women have traditionally been, and continue to be, the primary caregivers of their children and the elderly (MHLW, 2014). Although filial piety is still ingrained in Japanese society, there are many factors threatening this value of Japanese family support: (a) low birth rate, (b) more mobility, (c) changing preferences of elderly people toward more independent living, (d) more nuclear families, (e) urbanization and industrialization, and (f) a growing number of working women (and need for two salaries to sustain a decent family income; Hashimoto & Ikels, 2005; Yamamoto & Wallhagen, 1997). Consequently, many women make the decision to quit their jobs to provide care. Loss of employment affects not only individual and family needs, but also future work opportunities and retirement benefits, threatening the late life survival of women caregivers (Gao, 2014; Ghosh, 2012). Overall, many Japanese elderly and their family caregivers have problems in the areas of finances, housing, health, nutrition, social support, transportation, and shopping (Nishigaki, 2011; Shimizu, Asano, & Amiyazaki, 1994).

The larger political economic circumstances of Japan reflect its struggles with economic trends generated by neoliberal economies, which include rapid globalization and climate change; faltering economic stability, including precarious employment; disasters provoked by global warming; and increasing marginalization of populations unable to survive these changes. This does not bode well for the future of securing resources required to meet the needs of the elderly and their caregivers (often women) (Gao, 2014; Ghosh, 2012; Foster & Yates, 2014; Muramatsu & Akiyama, 2011). This article does not attempt to present or analyze these conditions in depth, but notes that the need for community organization, community development, and empowerment-oriented strategies is strongly supported by the
impact on jobs and employment, social welfare resources, and increased crisis inherent in the existing political economy.

**Key government response to long-term-care issues**

Public policy and services, supplemented by private for-profit and not-for-profit efforts, have struggled for several decades to meet the growing needs of the elderly in Japan. A shift has occurred, from family responsibility to national government solutions to services available at the community level. Despite strong political focus and commitment of resources to these strategies, costs have dramatically increased, and outcomes have had limited effect on the increasingly challenging situation of older adults. Caregivers struggle to provide required care and financial assistance, often in isolation and at high cost to their own survival (Fukutami, Kimura, Wada, Okumiya, & Matubayashi, 2013). The gap in intervention strategies that enable individuals and communities to strengthen their individual and collective knowledge and skills, to actively create new sources of social capital and social support, and to effectively engage in social action and program development, has received increased recognition.

The basic framework of national measures for the aging society is the Aged Society Basic Law of 1995. Under this law, acts have been created to guide Social Security, including work and pensions, long-term care, family care leave, protective services, disaster-related measures, the health care system for the elderly, measures to assist the elderly with dementia, and a variety of other resource and services that address the aging society. The rapidly increasing needs of the elderly and dramatically increasing costs of these programs are at issue.

Under the Long-Term Care Act, the Long-Term Care Insurance (LTCI) system was initiated in 2000, with universal entitlement for elderly aged 65 and over based on physical condition, regardless of income and family situation (Campbell & Ikegami, 2000). Its slogan was “From care by family to care by society” (Tsutsui & Muramatsu, 2005, p. 522). In the first 5 years of the LTCI system, its expenditure had risen to about 5.5 trillion yen, 20% higher than the original forecast (Tamiya et al., 2011). Over time, the government modified the LTCI system to make it more sustainable and manageable financially, and ultimately moved toward a stronger role for municipalities and communities (Campbell, Ikegami, & Gibson, 2010). In 2005, Community General Support Centers (CGSCs) were established by municipalities to develop programs to help frail elderly persons live at home as long as possible. Goals included (a) strengthening collaboration with healthcare services; (b) improving LTCI services; (c) promoting preventive long-term care by providing simple exercise guidance and nutrition counseling; (d) ensuring provision of livelihood support services, such as the
delivering of meals, assisted shopping, and protection of rights; and (e) ensuring sufficient supply of housing for the elderly (in collaboration with the Ministry of Land, Infrastructure, Transport, and Tourism; Tsutsui, 2010; Yong & Saito, 2012). Public health nurses, certified social workers, and care managers were required to be employed at each center (Yong & Saito, 2012). As of April 2012, there were more than 4,300 CGSCs in existence throughout Japan. In that year, a Five-Year Plan for Promotion of Measures Against Dementia (Orange Plan, 2013–2017) was initiated to improve health care and LTCI services, as well as better support living in community, daily living, and family caregiving (MHLW, 2012; Nakanishi & Nakashima, 2014).

By 2010, LTCI directives began to stress terms, such as mutual help, self-care, connectedness, neighborhood networks, and comprehensiveness in aging services (Tsutsui, 2010). However, many advocates of the LTCI community focus viewed it as primarily a cost-containment strategy and a way to increase the role of local government, community, and the elderly themselves (Tamiya et al., 2011; Yong & Saito, 2012). Social workers seeking community practice opportunities also questioned the apparent reliance on a medical model approach to meeting needs in communities, as indicated by the CGSC model (Japan Research Association for Community Development, 2006; Manabe & Enoki, 2015). Despite these potential policy threats, the LTCI policy provides opportunity for advancing the role of communities in elder care through empowerment-oriented community development (EOCD).

The following sections discuss the social work empowerment model that EOCD is based upon and the values and goals, and suggest strategies for using EOCD to further existing community development work, create new forms of social capital and local resources, engage community residents in an empowerment process that aids in personal as well as political components of their issues, and engage in efforts to public and/or private policies concerning the aging society. These goals are similar in some respects to goals of several social/community development models and traditional social work community organizing practice that emphasize client participation, advocacy, identification and utilization of existing resources, and political strategies for change (Popple, 2007); but interventions based on these models frequently lack the multidimensional focus described previously. A number of community development leaders have begun to acknowledge the need to incorporate values and interventions that include engaging clients in an empowerment-oriented process, as described in the model used by EOCD and other similar social work models (see for example, Midgley & Conley, 2010; O’Neal & O’Neal, 2003).

EOCD draws from the basic components of a social work model for empowerment-oriented practice with the elderly developed by Cox and Parsons (1994) and introduced in Japan in 1997 and incorporates community development methods that have focused on meeting basic needs and assuring
rights of at-risk populations. An essential contribution of community development practice to EOCD is in-depth knowledge about, and experience in, economic development. The Cox and Parson empowerment-oriented model provides a framework containing a theory base that includes theories related to powerlessness, efficacy, and the political, social economy; a value base (described herein); and a framework for practice. Empowerment practice includes a four-dimensional conceptualization of problems and focus of interventions. Dimension 1 addresses personal individual needs, difficulties, values, and attitudes. Dimension 2 focuses on common problems and personal strengths and weaknesses, as well as the developing of social support. Dimension 3 focuses on micro environmental and organizational issues, including social, health, and economic services; problems with service delivery; and the developing of skills related to obtaining services, communicating with professionals, and participating in related advocacy and change activities. Dimension 4 focuses on the macro environment, including political, economic, and social factors and social policy. Key to implementation of this model is assisting the populations to engage in a process of understanding the personal, interpersonal, and political aspects of their situation, and the development of knowledge and skills for addressing issues. The concepts drawn from this model that guide EOCD are outlined in the following, followed by a description of how EOCD can be used in efforts to enhance community-based care and the caregiving/care receiving process.

EOCD values and goals

EOCD is fuelled by the values of empowerment-oriented social work, which include comprehensive social justice goals of fulfillment of human needs, promotion of social justice, more equal distribution of resources, concern for environmental protection, and self-determination (the fullest possible participation in decisions that have impact on one’s life, both personal and political) (Cox & Parsons, 1994).

Empowerment-oriented social work practice interventions stress recognizing and working with the strengths of client populations, including respect for diversity (ethnic, sex, age, and other factors); the need to develop interpersonal support networks as core components for community building and attention to personal, interpersonal, community, and political issues; and inclusion of strengths related to assessing and addressing problems and solutions. EOCD is also based in the following guidelines for worker-client relationships: “Empowerment-based practice requires one to redefine the helping process as one of ‘shared power,’ and ‘power with,’ and as ‘participation driven’” (Gutierrez, Parsons, & Cox, 1998, p. 9). An egalitarian relationship or balanced partnership with clients is a critical aspect of empowerment practice. A partnership in action is based on the assumption that both the
client and the worker are resources, and that in the context of an understanding of private troubles as public issues, the client’s long-range goals (social justice) are also the goals of the worker (Gutierrez et al., 1998; Japanese version).

**EOCD strategies to enhance elder care in communities**

The importance of senior-friendly communities, including home- and community-based services (e.g., food, housing, and health care programs), has been the primary strategy of international attention (Applebaum, Bardo, & Robbins, 2013). The Village Movement, founded in 2002 by a group of older people in Beacon Hill, Boston, is the best match for the EOCD approach. The overall Village model indicates that Villages are utilizing essentially the same empowerment-oriented social work practice models as this article. The Village Movement has developed an extremely comprehensive model for meeting the needs of residents. Medical and social programs and a numerous other resources are supported by the physical environments, as well as an empowerment component, using Gutierrez et al. (1998), Miley, O’Melia, and Dubois (2004), and other related social work concepts as part of their program design (McDonough & Davitt, 2011; Poor, Baldwin, & Willett, 2012). As of 2014, 125 Villages had opened and 150 were in development in the United States. However, Villages are best suited for upper-middle-class elderly people due to cost and social status factors, services described in the overall model that are not available in all Villages, and sustainability issues faced by the Village effort despite resources of the population served (Lehning, Scharlach, Price Wolf, Davitt, & Wiseman, 2015). In addition to general limitations regarding adequacy and access related to the larger living-in-community movement in the United States and community developments elsewhere, several observers have provided documentation that the dominant resource-and-service approach has not met the need for “increased social interaction, meaning, and purpose, and has not addressed mounting levels of loneliness, helplessness and boredom” (Blanchard, 2013, p. 6). The critical impact of social support and community engagement on health and mental health is also well documented (Perkins, Multhaup, Perkins, & Barton, 2008; Webster, Ajrouch, & Antonucci, 2013). The work of Help Age International has for decades used community development to address the basic needs of elders who are in poverty. This lack of social support and meaningful activity gap in the ability to meet needs is evident in Japan (Nishigaki, 2011; Cabinet Report, 2015). EOCD is designed to maximize existing resources and to address this gap, noted above.

EOCD’s overall strategy to enhance elder care and resources is to mobilize community action in the creation of resources to meet basic needs as well as stimulate self-help, mutual support, and community involvement of
caregivers, care-receivers, and other residents of the target community. Using a combination of the knowledge and strategies from community development and empowerment-oriented social work has enabled the development of a range of collective programs that address food security, shelter needs, caregiving needs, healthcare needs, caregiver needs and support, as well as the development of strategies to address policy that threatens basic needs.

EOCD is focused on geographical communities that are designated by each project or program, depending on source of funding or sponsorship. EOCD utilizes a two-level simultaneous strategy: Level 1—community-level activities, such as developing communal gardens or social action concerning increasing or better coordination of services and economic resources; and Level 2—small group empowerment-oriented interventions, developed for caregivers and elderly care-receivers.

**Level 1 community activities**

Organizing efforts will include locating potential advocates for elder care inclusive of diverse groups, such as caregivers and care-receivers, government and business representatives, service providers, local schools, and religious groups, which can compose an advisory team to support the project. The initial effort will initiate a participatory strengths- and needs-based assessment of (a) the target area with respect to elder care and other aging issues, and (b) the situation on the caregivers. Elders and caregivers who are able will play a key role in data gathering and other parts of the study. Problem or policy issues and/or programs that the EOCD addresses or mobilizes will be decided by the advocacy team; and as necessary, the EOCD organizer will facilitate efforts sponsored under other auspices that seek related goals. The essential effort is mobilization of widespread interest and action.

Community development roles that are compatible with EOCD social workers include working to develop relationships with communities and organizations, encouraging people to work with and learn from each other, working with people in communities to plan for change and take collective action, and working with people in communities to develop and use frameworks for evaluation (Popple, 2007, p. 137). Following an empowerment model of development, social workers can play a key role as educator, collaborator, and/or partner in increasing knowledge and skills needed by people in a particular community for accomplishing these roles, including knowledge related to the political and societal values, and economic factors that affect the issues they work to address, as well as specific skills, such as those related to advocacy and mediation. Table 1 provides an overview of program objectives and a brief example of programs that can be developed. The first objectives are designated as ongoing, because these activities are often thought to be achieved in more traditional needs assessments that are completed at the beginning of specific interventions, and sometimes do not include careful attention to strengths. Ongoing attention to needs and strengths
provides the opportunity to better assure that the intervention is best matched with strengths and needs identified during implementation, and allows the opportunity to incorporate modifications in a timely manner. This ongoing process is currently referred to as continuous quality improvement. EOCD community practice emphasizes interventions, programs, and activities, such as the examples provided in Table 1. The community development strategies, described previously, operating within the framework of empowerment-oriented social work practice used in this article, are employed.

**Level 2 small group interventions**

The empowerment-oriented groups utilized by EOCD for elderly care-receivers and for caregivers are modeled on the care-receiver interventions developed and evaluated by Cox, Green, Hobart, Jang, and Seo (2007). *Empowerment* has been
defined as engagement in the process of active participation in the personal, interpersonal, community, and political aspects of needs (Cox, 1988). Small groups, whose members experience similar issues and challenges, provide an excellent context for participation in an empowerment-oriented process. This process provides an opportunity for validation through collective experience; group participants recognize their shared experience, which affirms that some of one’s perceptions about oneself and the surrounding world are indeed valid and are, therefore, legitimate to voice. This recognition contributes to a collective view that reduces self-blame, increases the tendency to look beyond personal failure as the cause of the problem at hand, brings about a sense of shared fate, and raises consciousness. This collective view can motivate one to seek change beyond the individual level toward other systems, such as the family, community, national, or intergenerational levels. Increasing power includes learning to think critically, learning how to access information and take action, and actually taking action.

In summary, the empowerment process includes (a) the development of a more positive and potent sense of self, (b) the construction of knowledge and capacity for more critical comprehension of the social and political realities of one’s environment, and (c) the cultivation of resources and strategies for more functional competence and the attainment of personal and collective goals (Lee, 2001). Participation in an empowerment-oriented group process by elderly care-receivers and caregivers has generated positive results for the care process, as well as the care-receiver’s quality of life (Cox et al., 2007).

Of special importance to care-receiver groups is focus on care receiving as a role about which elderly people who require assistance must seek knowledge and skills to perform well. Due to social stigma regarding disability and aging, the empowerment process requires conscious assessment of attitudes, values, and beliefs that one holds about her or his situation in this regard. As noted, self-blame for poverty, need for care, or being an obligation to caregivers can be modified by interaction though sharing concerns and ways of coping (Inaba, 2009). Topics of discussion are generated by the group and can be suggested by the facilitator, however the group has the final decision. Examples of topics range from coping with dependency, learning self-care strategies, developing and sustaining late-life support groups and communications with caregivers (personal and professional), and finding ways to assist caregivers with safety, resource, and larger social policy issues.

Action generated by participation in such groups includes (a) mutual support, such as giving emotional support, increasing activity (e.g., telephone interaction), accompanying each other to medical appointments to facilitate clear communications with medical providers, helping each other find specific ways to help their caregiver, and finding new resources to share with the group; and (b) self-help efforts, such as participating in organized exercise
activities, practicing communication with caregivers, learning and practicing conflict management skills; and getting involved in social action activities, such as conducting strategies to persuade landlords to fix unsafe conditions of facilities and engaging in community-based advocacy efforts related to their concerns, to the fullest extent possible.

Participation in empowerment-oriented groups by caregivers provides the opportunity to share common-life situations and coping strategies; engage in critical analysis of personal, interpersonal and political aspects of their challenges; and develop mutual support and self-help activities. Topics often raised by women in Japan relative to elder care focus on their extreme challenge to fulfill the competing roles of mother (including child care), wife, career/employment, and caregiver for elderly family members, as well as related cultural expectations. Validation of common issues and the sharing of strategies for handling these challenges are often the beginning of lifelong mutual support groups. Caregiver groups often address common experiences regarding relationships with care-receivers, lack of time and/or energy to accomplish required tasks, and the sharing of strategies. The development of mutual support strategies, such as providing respite care for each other, finding ways to address relationship conflicts with care-receivers, or sharing other resources that pragmatically reduce overload, are common outcomes. Beyond issues specifically, many caregiver groups focus on issues related to work, such as the discrimination women often face in getting and keeping employment that pays adequate wages to meet family needs.

Action outcomes from caregiver empowerment-oriented groups often include (a) connecting the group to national women’s rights efforts, individually or as part of group activity; (b) developing in-home, part-time work opportunities; and (c) working with interested groups focused on caregiver issues, such as compensation for caregiving (e.g., retirement benefits, including study groups that increase knowledge of such potential benefits in other countries) and direct participation in social action efforts.

The two levels of EOCD are interactive, linking general government and community efforts to alleviate elder care problems to the efforts of caregivers and care-receivers. Small groups often become the core of larger community efforts and also provide critical support for members (Cox et al., 2007).

**Programs in Japan that illustrate EOCD strategies**

In the Japan context, several informal projects (unfunded or pilot efforts) and government-funded programs that fit the EOCD model, at least to a limited extent, are in existence or in the developing stage. These programs and/or informal projects have been started and implemented by the government, private organizations, informal groups, and individuals. Many lack adequate staff support and/or trained community practitioners. Social workers and
other concerned citizens often offer donated time to self-help groups, which grow into empowerment-oriented activities that address issues of the elderly or disabled, women’s economic and discrimination issues, and child care issues. One strategy used to support efforts of these groups is training potential leaders in the groups in advocacy, group work, community organization, policy analysis, and related skills. Described briefly below are three examples that use elements of EOCD.

Dementia-friendly community efforts in Omuta City
Omuta City, Fukuoka Prefecture, is one of the municipalities that has been experiencing rapid population aging, with about 34% of its population 65 years and older, compared to the national average of 26%. Moreover, the population aged 75 and over constitutes 18.1%, and single-person elderly households are soaring: 24.4% of elderly persons over 65 are living alone. To meet this rapid aging of the population, Omuta has launched a number of community-based programs, which include (a) Dementia SOS Network Simulated Training; (b) development of a book about dementia and a class for children, and (c) training of dementia coordinators (Omuta, 2013). Now known as the Omuta model, these programs aim to create and enhance good neighborhood-based or mutual support and informal networks toward building a dementia-friendly community. By participating in an annual SOS Network Simulated Training, thousands of residents are learning about dementia and getting accurate knowledge of dementia symptoms. More than 5,000 elementary and junior high school children have become aware of the elderly with dementia and learned what to do when they see someone with dementia wandering or experiencing other problems.

Dementia café in many communities
The MHLW’s Orange Plan includes earlier diagnosis and intervention, improved health care services to support living in community, improved long-term care services to support living in community, better support for daily living, family caregiving reinforcement of measures for early onset dementia, and increased human resources for dementia care. Under this plan, dementia cafés have been created across Japan to reduce the caregiving burden of the families of elderly with dementia. The cafés offer a place for people with dementia, their family, community members, or professionals related to elderly care to meet up for a chat or talk, to listen to music and play games, or karaoke. One can also get information and advice about issues related to dementia issues. Additionally, MHLW has been promoting a nationwide dementia caravan to train one million dementia supporters across Japan. All these efforts are to build dementia-friendly communities.
Self-help efforts in Chikugo City

The Cosmos group in Chikugo, Fukuoka Prefecture is a self-help group consisting of currently active caregivers for the elderly, who meet monthly to discuss and share their experiences. Caregivers often find it easier to talk about their stress, emotional problems, and elderly caregiving issues in a small group, after building some trusting relationship among members. A certified social worker at the Social Welfare Council has been organizing a number of these self-help support groups in the city. After the initial meetings, the group has invited experts in oral care, dementia, caregiving, Alzheimer disease, transportation, nursing homes, services for the elderly, long-term care policy, and elderly laws affecting the elderly, as well as local government officers related to elder care issues. The members not only get necessary information that provides a basic understanding of the elders’ conditions and community resources available to the families, but also give support to each other, and share and learn coping techniques regarding caregiving issues. The monthly meetings primarily focus on personal support and educational topics. Occasionally, the group organizes seminars related to elder-care topics for community members. In 2015, in collaboration with a local university, the Department of Social Welfare, and the Social Welfare Council, the group started the Caregiver’s Café where caregivers can drop in and talk about their caregiving experience over tea or coffee (Chikugo-shi Shakai Fukushi Kyougikai, 2016). The Cosmos group seems to be moving to the next stage where members become aware of other people’s needs. They not only help themselves in overcoming or coping with a problem, but also help other people outside the group in their struggle.

All three of these examples include focus on both Level 1 and Level 2 activities. The Omuta City model combined communitywide education programs and information networks as well as other forms of advocacy that include Level 1 activities, whereas intensive development of knowledge and consciousness-raising activities provided to assist youth with respect to understanding dementia, and indirect assistance for elderly persons who have dementia constitute a Level 2 activity.

The dementia café is a specific program strategy that provides excellent opportunity in local geographical areas for Level 1 activities. Interventions that provide increased knowledge for persons with dementia, caregivers, and interested members of the community regarding the challenges and potential resources related to dementia, encourage increased mutual support and interpersonal network development, and volunteer service development are core direct services. Linkages to public policy activity and social action concerning the issues of dementia, and related resource needs are also stressed as the programs grow and community interest increases.

The Chikugo self-help group provides an example of a Level 2 intervention that moves over time into Level 1 activity. Group activity and interests
moved to broader interests through interaction and increased knowledge. This linkage and interaction between Level 1 and Level 2 activities represents a significant factor in the creation of a stronger sense of community and mobilization of community strengths.

In the end, the specific level of empowerment with respect to the four dimensions of the social work practice model guiding this article cannot be determined without more data from the programs. However, social workers trained in empowerment-oriented practice and other aspects of community practice could have strong positive impact on these and similar programs.

**Implications for social work in Japan**

The critical need for community work in Japan is painfully obvious to not only the government but also social workers that serve affected clients. Social work community practice positions are rare, and little attention is given in social work curriculum to this area. This could be due to the national examination for becoming a certified social worker. Although the MHLW designated 19 subjects for the national examination, the subjects directly related to community practice are very limited, including the theory and methods of community welfare, and society and welfare (Japanese Society for the Study of Social Welfare, 2016). Consequently, the schools of social work are currently not providing the education and training opportunities for social workers to meet the needs of the elderly and other vulnerable groups through the empowerment approach, when that type of practice is most needed. A challenge to social work practice is to develop paid positions, preferably full time, for social workers that wish to focus their work in community practice. Although the government recognizes the important role of community social workers, adequate financial support is still an issue. More resources must be secured and generated to support this work, particularly in regard to elder care issues. Advocacy, both within the profession to promote community practice, as well as with policy makers to create community development programs and recruit professional staff, is critical. Social workers have direct connection with clients; group-work, advocacy, and community organizing skills; and the ability to help people see their strengths and common needs. Many have already joined this community development approach as volunteers.

There has been an informal network of social work faculty and social worker practitioners in Japan who have been advocating for the development of empowerment-oriented social work in community practice to serve a variety of the population in their communities since the mid 1990s. Their efforts led to the translation of social work empowerment books (Cox & Parsons, 1997; Gutierrez et al., 2000) and more recently due their interest in a potential linkage with community development, the translation of a social
work based book concerning community/social development (Midgley & Conley, 2012). Their ongoing advocacy and intervention development has been, and continues to be, met with many challenges due to lack of support within social work and social policy support for development of empowerment-oriented programs. However, through determined effort based on belief in the critical need for such programs, many informal programs and individual voluntary activities have evolved, as noted above.

Government support for community programs and the enhanced role of communities in elder care provides a powerful opportunity for expansion of the role of social work in community practice. Due to emphasis on international content in Japanese universities, classes in community or social development are available in different disciplines that can be used as electives. In 2009, new social work curriculum requirements increased the total number of credit hours for community practice courses. This action has stimulated debate about the specific content of community practice and how to best prepare social work students for community practice in this rapidly changing socioeconomic-political environment (Komatsuo & Ono, 2014). Our lives are being affected by many conditions, including natural disasters, migration, new technologies, and globalization; and resources are becoming scarcer. If social work is to remain relevant in these conditions, EOCD as well as the incorporation of empowerment-oriented social work practice into other practice settings can contribute to improving the well-being of individuals, groups, and communities, including the elders who require long-term care and economic resources, and their caregivers who face many challenges, including economic issues.

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