

The Local Community Volunteer Social Worker System in Japan : Analysis of Survey Data

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Abstract : The word *Minsei-Iin* is used for a group of Japanese social work volunteers or ‘persons commissioned to promote and stabilize the lives of people’ (Goodman 1998: 143). The *Minsei-Iin* system is unique as a form of direct social welfare in Japan because that depends on volunteers. Japan’s rapidly ageing population has created new demands on these volunteer servants. We conducted a survey of all the members of *Minsei-Iin* in Kyoto City, Uji City and Yawata City from August to September 2012, using a structured questionnaire to obtain detailed information on these volunteers’ working conditions. The response rate was more than 90%. This report analyses the survey data and comments using statistical and textual methods in order to identify areas of concern with the *Minsei-Iin* system and ways to address them. The survey results show that *Minsei-Iin* are highly enthusiastic about and dedicated to their work, but that they are facing challenges due to the increasing need to assist elderly people with psychological problems, especially dementia. *Minsei-Iin* identified barriers to finding out about people in need because of the provisions of the Personal Information Protection Law as their most common systematic or institutional problem. They generally report having a strong support network, but many of them believe that they could benefit from additional training.

Keywords : Minsei-Jidou-Iin, Homen-Iin, Roujin-Fukushi-In, Community Care System, Survey of Minsei-Iin in 2012

1. Introduction

In Japan, the percentage of residents over the age of 65 has reached 24.1%—the highest percentage ever—and is still rising, leading towards a super ageing society. Elderly people represent 30% of all Japanese households. Even more striking is that elderly people living alone constitute 24.2% of all households, and

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this rate is on the rise as well (Cabinet Office 2013: 13-14). Japan's rate of ageing ranked close to the bottom during the 1980s compared with that of other developed countries. However, by the 1990s, Japan was in the middle of that group and is currently at the top. Ageing is proceeding at a much faster pace in Japan than in other developed countries, in fact, at a speed never seen before anywhere in the world. It took Japan 24 years to increase its ageing rate from 7% to 14%, but it took Germany 40 and UK 64 years to achieve the same (Cabinet Office 2013: 8-11).

With this rapid growth of the ageing population, the increase in the number of elderly people living alone is becoming a serious social problem. According to data from the National Institute of Population and Social Security Research in Japan, the number of elderly people living alone was 4.98 million in 2011. However, this number may rise to 7.62 million by 2035, an increase of 53%. In addition, in 87% of Japan's total land area, the portion of household heads over 65 years may reach 40%. Along with this increase in the ageing population, family care providers are becoming older. Moreover, instances of single elderly persons dying alone have become a major social problem in Japan.

To tackle these concerns, Japan has adopted the Long-Term Care Insurance Act, modelled on German care insurance system. Simultaneously, the Integrated Community Care Centre System has been introduced so that the elderly can continue to live at home within their community¹. Before the enactment of the Long-Term Care Insurance Act, government agencies found residential placements and determined social welfare services for the elderly people who needed care. However, since 1998, under the influence of neoliberal social welfare policy, the recipients of care themselves have been able to choose the services they need by collaborating with welfare service providers directly. This social welfare policy aims to strengthen the reciprocity within the community and quasimarket care services for the elderly. The role of *Minsei-Jidou-lin* (hereafter referred to as *Minsei-lin*), who have provided informal social welfare support within their community, is now attracting attention under this policy.

This thesis first clarifies the relationship between community care and *Minsei-lin* by reviewing the activities and historical background of *Minsei-lin*; it then discusses the analysis and significance of our survey on *Minsei-lin*, conducted in 2012. In the following section, we will review the historical background of the *Minsei-lin* system.

2. The activities of *Minsei-lin* and its historical background

The history of *Minsei-lin* goes back to the period before the Second World War. The predecessor of the *Minsei-lin* system is said to have been the *Homen-lin* system (1918), developed by Shigejiro Ogawa (1863-1925) and established in Osaka prefecture. When Ogawa was a chief prison officer, he attended the international prison congresses of 1895 and 1900 in Europe as a Japanese representative. During these conventions, he became acutely aware of the importance of the poor relief system in preventing various forms of crime. He especially studied the Hamburg system and the Elberfeld system² in Germany.

Ogawa made reference to the abovementioned systems in Germany in order to tackle the aftermath of the rice riots³ and also provide poor relief. He divided Osaka City into sixteen areas and commissioned approximately three hundred residents as *Homen-lin*. These people compiled information to identify and record the level of poverty to overcome the community problem systematically.

This system spread nationwide in a short time and was eventually legislated by the government in 1936. This legislation marked the beginning of the current *Minsei-lin* system. The initial activities of *Minsei-lin* were performed to grasp the level of poverty problems and monitor residents' activities. In addition, they

gave counselling on household finance issues to families and individuals living in poverty. In some cases, *Minsei-Iin* themselves offered financial support on a personal basis. Before the Second World War, members of reputable families within the community were commissioned as *Minsei-Iin*. The post was legally designated as an honorary position that played a supplementary role in administering poverty relief.

After the Second World War, amidst the democratization of various systems, *Minsei-Iin* activities were entrusted to volunteers who assisted in implementing the administration's social welfare policies supporting families, children, handicapped and elderly in need. Local administration officers made recommendations for the post of *Minsei-Iin*, and the nominee was commissioned by the Ministry of Health, Labour and Welfare for a three-year term (with a possible extension). Currently, *Minsei-Iin* are unpaid posts, although before the amendment of the *Minsei-Iin* Act in 2000, a small fee had been included. Their main role was to seek out people in need, provide them with volunteer aid and assist the local government's administration. The status of this position as an honorary post was maintained until 2000.

With regard to support the elderly people, *Minsei-Iin* worked together with the Council of Social Welfare—a community social welfare system introduced after the Second World War, modelled on the US system—and accomplished numerous results. For example, in the 1950s, the *Minsei-Iin* Association conducted a survey on the condition of bedridden elderly people living at home and developed a system of temporary helpers for those in need. After that, the association continued to support single elderly people and families with bedridden elderly members, and it established the foundation for a system of watching over elderly people in the community. When the *Minsei-Iin* Association celebrated its fiftieth anniversary in 1967, it set forth three new courses of action, emphasising on 1) contributing to the independence of elderly persons, 2) serving others and 3) being community-minded.

During the 1970s, the population's ageing rate rose to 7%, and the increase in the number of the elderly and the need for long-term nursing care became an important issue in policy discussions. As a result, the Japanese government began to provide free medical services for the elderly, made improvements in medical insurance payments and introduced an indexing system for pensions. These major social policy reforms marked a substantial expansion of the welfare state and were believed to take steps towards a comprehensive, government-led welfare system. However, the economic slowdown caused by the oil crisis of the 1970s led to a transition in social policy from the responsibility of public sector for individual social welfare to an emphasis on people's own responsibility to care for their immediate family members and relatives. This transition of the centre of social policy from the state to the community or to self-help was modelled on a similar policy, the Community Care system, which gained prominence in the 1960s in the UK. In the 1980s, Japan experienced rapid economic growth and maintained a low unemployment rate. In this context, neo-liberals began to review welfare state policy, leading to a reduction in public services for social welfare. In 1987, at the time of the seventieth anniversary of the *Minsei-Iin* Association, 'coordination' and 'support for livelihood' were added to the existing five aspects of the association mission. In the 1990s, the Council of Social Welfare established and began operating community centres called *Fureai-Ikiiki* centres as part of a project of 'community development for mutual aid' (the *Fureai-no-machizukuri* plan). *Minsei-Iin* began serving as the node point in operating these community centres, watching over the elderly in the community and developing relationships among them. *Minsei-Iin* therefore had to be committed to establishing relationships within the community and providing livelihood support for community residents. As we can see from such activities, the role of *Minsei-Iin* has changed from a watchdog body that monitored community needs during the pre-war era to 'persons commissioned to promote and stabilize the lives of people' in democratized Japan (Goodman 1998: 143).

Since the end of the 1990s, social welfare policies for the elderly and the activities of *Minsei-Iin* changed drastically. Japan's social welfare policies for the elderly continued to shift towards neo-liberalism. However, the limitations of relying too heavily on family members' support were becoming apparent. To promote the utilization of various social welfare resources, the Long-Term Care Insurance Act was enacted in 1998. This policy called for a transition from care services designed by welfare administrators to market-oriented services. Currently, the policy focus is on long-term care for the elderly living at home. The main policy initiative implements the Integrated Community Care Center system for delivering preventive services for the ageing, and it gives great importance to the support and monitoring provided to the elderly by community volunteers. In 2000, the *Minsei-Iin* Act was revised and the honorary post clause was abolished. *Minsei-Iin* are now considered as volunteer social workers⁴ who support Japan's Integrated Community Care Center system by taking care of the community, supporting food delivery and operating other community services tailored to the needs of each community⁵.

Minsei-Iin have been continuously working towards the needs of their communities long before the Second World War. Although they are not professional social workers, they are residents living within the community who possess an understanding of the characteristics of their locale and can thus offer effective community support in a volunteer capacity.

The elderly population is increasing in number all over the world, and the question of how to implement community care is a major concern in several countries. It is therefore useful to monitor *Minsei-Iin*'s activities within the Japan's Integrated Community Care Center system in order to tackle issues of care for the elderly and, hopefully, find the appropriate balance between public and informal support within community care.

3. Research outline and data analysis method

Our research group conducted a survey of *Minsei-Iin* in 2012 within Kyoto City and its vicinity (including Uji City and Yawata City). This report analyses the survey data with two aims: 1) to establish the present conditions of *Minsei-Iin*, who are positioned as community social welfare volunteers and clarify the problems they face and 2) to understand the methods of collaboration among volunteer workers such as *Minsei-Iin* within the community for implementing community-based care.

Since 2006, we have implemented action research⁶, aiming to establish a support network for foreign elderly residents within Kyoto City⁷. The 2012 *Minsei-Iin* survey was implemented as part of this action research with the goal of strengthening this community volunteer network.

A review of existing research documents confirmed that our survey targeting each *Minsei-Iin* in a region of Japan was the first of its kind. It was performed between 1 August and 20 September 2012 with cooperation from the *Minsei-Iin* Association and the local social welfare authority. Within Kyoto City, the target population included all 2,720 *Minsei-Iin*, of whom 2,478 responded with valid data, for an extremely high return rate of 91.9%. The main objectives of this survey were to clarify the problems *Minsei-Iin* were facing as well as the efforts made to overcome such problems in order to assist in determining the future shape of the *Minsei-Iin* system. We have conducted statistical analysis of the obtained data and have provided feedback regarding the results to the *Minsei-Iin* Association and the local communities in order to enhance their social welfare capacity.

The survey questionnaire covered 1) basic and demographic information including the length of time working as *Minsei-Iin*, area of responsibility, age and sex, 2) respondents' workload by the type of activity

(with additional space for open-ended answers on the content of their activities), 3) the number of elderly persons and households about whom the respondent has information, 4) the number of problematic cases and their details (with additional space for open-ended answers), 5) the extent of networking with other *Minsei-Iin* members or social workers (with additional space for open-ended answers), 6) *Minsei-Iin*'s interest in various roles in monitoring the elderly, 7) their ideas on how to monitor the elderly (open-ended answer) and 8) their requests for training programs (open-ended answer). Cross tabulation and multivariate analysis was used for numeric data items such as workload or networking volume. Geographic information system (GIS) software was also used to construct mappings of data. Moreover, the text mining method was used to analyse textual data mathematically and form a diagram illustrating the co-occurrence of selected key concepts.

4. Research results and analysis

The research results highlight the daily activities of *Minsei-Iin* such as their detailed current status, difficulties they face and efforts made to overcome those difficulties. In this report, the following five points will be discussed in detail: 1) the multivariate analysis of how *Minsei-Iin*'s workload is determined, 2) the analysis of problematic cases, 3) the analysis of *Minsei-Iin*'s networking in the course of their activities, 4) the analysis of training programs requested by *Minsei-Iin* and 5) the analysis of problems concerning the *Minsei-Iin* system, especially the problem of the ageing workforce and ways to overcome it.

4-1. Analysis of how *Minsei-Iin*'s workload is determined

The activities of *Minsei-Iin* vary widely, because they cover community care in general. Their four main emphases are support for the elderly, helping poor residents gain eligibility for public assistance and support for children and people with disabilities.

How is the workload of each *Minsei-Iin* determined? Their workload can be divided into two categories: supporting activities (divided into eight categories with four rating choices for each question in the survey) and institutional activities (divided into four categories with six rating choices). We have added the ratings within each activity type to construct an overall indicator of each person's workload. Table 1 summarizes the relationship between the overall workload and other survey data.

Two hypotheses can be stated regarding the overall workload of *Minsei-Iin*. The first hypothesis is that the workload is determined mainly by the social welfare needs in each community; the second hypothesis is that the workload is determined mainly by the enthusiasm of each individual *Minsei-Iin* based on his or her volunteer spirit. The results of multivariate analysis based on these hypotheses are summarized in Tables 2, 3 and 4.

The multivariate analysis shows that the workload of *Minsei-Iin* is determined by the number of problematic cases they handle, the length of time working as a *Minsei-Iin*, reciprocal relationships between the *Minsei-Iin* and other agencies or volunteers and the age of *Minsei-Iin*.

On the other hand, there was no correlation between the workload and the proportion of elderly members in the community, which might typically serve as an approximation of the level of social welfare needs in each community. In addition, the coefficient between the workload and percentage of welfare recipients, which can also reflect the level of social welfare need in each community, is small and negative, indicating that the workload of a *Minsei-Iin* is not correlated with the overall social welfare needs of the community. On the other hand, the workload depends on the volunteer spirit of a *Minsei-Iin*. Enthusiastic

Table 1. Correlation coefficient between the workload of *Minsei-Iin* and other indices

Index	Pearson's R
Sex	.043*
Age	.232**
Length of time working as <i>Minsei-Iin</i>	.306**
Number of years living in the community	.041**
Number of single elderly residents about whom the <i>Minsei-Iin</i> has information	.235**
Number of elderly households about which the <i>Minsei-Iin</i> has information	.256**
Number of seriously problematic cases that the <i>Minsei-Iin</i> handles	.419**
Total number of problematic cases that the <i>Minsei-Iin</i> handles	.384**
Reciprocal relationships between the <i>Minsei-Iin</i> and other agencies/volunteers	.335**
Interest in watching over the elderly	.168**
Rate of population of welfare recipients	-.086**

** Significance level 1%. * Significance level 5%.

Table 2. Results of the multivariate analysis: model summary

Model	R	R Squared	Adjusted R Square	Std. Error of the Estimate
1	.557 ^a	.311	.309	1.36679863
2	.558 ^b	.311	.308	1.3672002

- a. Predictor: (constant), Rate of population of welfare recipients, Number of seriously problematic cases that the *Minsei-Iin* handles, Interest in watching over the elderly, Age, Reciprocal relationship between the *Minsei-Iin* and other agencies/volunteers, Length of time working as *Minsei-Iin*.
- b. Predictor: (constant), Rate of population of welfare recipients, Number of seriously problematic cases that the *Minsei-Iin* handles, Interest in watching over the elderly, Age, Reciprocal relationship between the *Minsei-Iin* and other agencies/volunteers, Length of time working as *Minsei-Iin*, Dummy data (women), Number of years living in the community.

Table 3. Results of the multivariate analysis: ANOVA^c

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	1797.512	6	299.585	160.366	.000 ^a
Residual (ANOVA)	3986.608	2134	1.868		
Total (pivot table)	5784.120	2140			
2 Regression	1798.501	8	224.813	120.257	.000 ^b
Residual (ANOVA)	3985.619	2132	1.869		
Total (pivot table)	5784.120	2140			

- a. Predictor: (constant), Rate of population of welfare recipients, Number of seriously problematic cases, Interest in watching over the elderly, Age, Reciprocal relationship between the *Minsei-Iin* and other agencies/volunteers, Length of time working as *Minsei-Iin*.
- b. Predictor: (constant), Rate of population of welfare recipients, Number of seriously problematic cases that the *Minsei-Iin* handles, Interest in watching over the elderly, Age, Reciprocal relationship between the *Minsei-Iin* and other agencies/volunteers, Length of time working as *Minsei-Iin*, Dummy data (women), Number of years living in the community.
- c. Dependent variable: Overall total workload.

Table 4. Results of the multivariate analysis: Coefficients^a

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig	95.0% of confidence interval of B	
	B	Std. Error	Beta			Minimum	Maximum
1.(constant)	−2.912	.143		−20.381	.000	−3.192	−2.631
Age	.103	.028	.076	3.666	.000	.048	.157
Period of work as <i>Minsei-Iin</i>	.176	.017	.211	10.120	.000	.142	.210
Number of seriously problematic cases	.772	.044	.327	17.665	.000	.686	.858
Reciprocal relationship between <i>Minsei-Iin</i> and other agencies/volunteers	.155	.013	.219	11.715	.000	.129	.181
Interest in watching over the elderly	.086	.018	.089	4.875	.000	.051	.120
Rate of welfare recipients	−.003	.001	−.065	−3.584	.000	−.005	−.001
2 (constant)	−2.732	.359		−7.613	.000	−3.436	−2.028
Age	.102	.029	.075	3.586	.000	.046	.158
Length of time working as <i>Minsei-Iin</i>	.178	.018	.213	10.109	.000	.146	.212
Number of seriously problematic cases	.772	.044	.327	17.651	.000	.686	.857
Reciprocal relationship between <i>Minsei-Iin</i> and other agencies/volunteers	.154	.013	.219	11.684	.000	.129	.180
Interest in watching over the elderly	.086	.018	.089	4.880	.000	.052	.121
Rate of welfare recipients	−.003	.001	−0.65	−3.591	.000	−.005	−.001
Dummy (women)	.032	.066	.009	.484	.629	−0.97	.160
Number of years living in the community	−.025	.045	−.010	−.554	.579	−.113	.063

a. Dependent variable: Overall total workload.

Minsei-Iin tend to have greater responsibilities, and the workload also becomes heavier with increased work experience and is positively correlated with the extent of reciprocal relationships with other agencies and volunteers.

Minsei-Iin who handle many problematic cases tend to be very active in both personal support and group support activities. This finding indicates that either the encounters with problematic cases raise awareness in the *Minsei-Iin* and foster enthusiasm about fulfilling their responsibilities or when *Minsei-Iin* encounter a problematic case during their involvement in community activities, this may be a trigger for them to become involved in further community work.

When asked about their most troubling cases, 44% of *Minsei-Iin* said that they had at least one such case and 9% had more than three troubling cases. It can be said that Japanese community care is well supported by *Minsei-Iin* with enthusiastic volunteer spirits. This confirms the significance of human resource development in terms of volunteer networking that supports community care. In line with society's needs, the role of *Minsei-Iin* has clearly changed from an honorary post in earlier times to a core community volunteer post in the present.

In the next section, we will analyse the details of problematic cases that *Minsei-Iin* face.

4-2. Problematic cases handled by *Minsei-Iin*

The largest categories of the most troubling cases handled by *Minsei-Iin* are as follows: 1) dementia, 17.4%, 2) problems with neighbours, 15.6% and 3) clients who refuse to accept visits from *Minsei-Iin*, 9.8%. Currently in Japan, the estimated rate of cognitive dementia among the elderly over age 65 is 15%. This high frequency of dementia cases underscores the importance of watching over the elderly within the community.

The respondents were asked to write about the details of their most troubling cases in a free-response format. These response data are classified below:

- (1) Difficulty in communicating when watching over the elderly (138 cases),
- (2) Difficulty in coordinating or interacting with neighbours (99 cases),
- (3) A suspected dementia case (64 cases),
- (4) Poverty (61 cases),
- (5) Strong refusal to accept any kind of support (36 cases),
- (6) Extreme and outrageous demands from community residents towards *Minsei-Iin* (32 cases),
- (7) No family or relatives (30 cases),
- (8) Houses buried in garbage (hoarders) (16 cases),
- (9) Addicts (11 cases),
- (10) Behavioural problems (10 cases),
- (11) Schizophrenia, depression and other mental disorders (10 cases).

Using the text mining method, key words were picked from free-response textual data to analyse their co-occurrence mathematically. This data analysis is displayed in Figure1. The size of the circle in which the key word is placed denotes the frequency of that word's occurrence. Such mathematical analysis draws attention to the problems faced by *Minsei-Iin* from another point of view.

We can conclude from this figure that the *Minsei-Iin* take on far more serious cases today than those traditionally assigned to them. In earlier times, their primary task was to help poor residents in establishing their eligibility for public assistance. Now, many cases involve mental or communication disorders, which are extremely difficult for *Minsei-Iin* to handle. The reason for these more difficult assignments may be the lack of communication abilities and community relationships among many elderly people as the ageing population grows.

In their free-response answers, some participants described systematic and institutional problems that impede support for people in need. The following list shows the most common systematic and institutional barriers that *Minsei-Iin* are facing:

- (1) Implications of the Personal Information Protection Law (82 cases),
- (2) Problems with systematic collaboration or information sharing (30 cases),
- (3) Problems originating in *Minsei-Iin* themselves or coming from the *Minsei-Iin* system (26 cases),

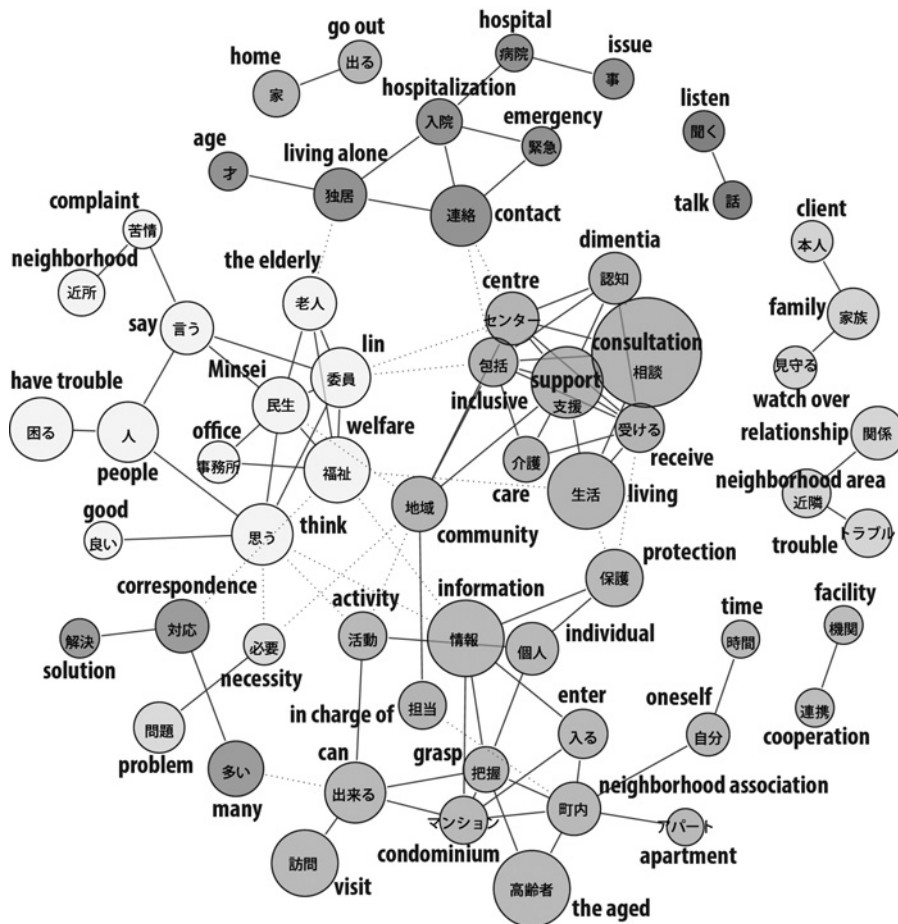


Figure 1. Co-occurrence network of problematic issues

- (4) Problems with welfare policy or its administration (26 cases),
- (5) Difficulties in monitoring community residents who do not belong to the neighbourhood association (16 cases).

In recent years, most of the apartment entrance doors in Kyoto City have been fitted with automatic locks. Numerous isolated elderly persons are residing in such apartments. The elderly are increasingly dropping out of the neighbourhood association. However, the Personal Information Protection Law prevents individuals from sharing with *Minsei-Iin* any personal information about the isolated elderly or others in need. This situation is making *Minsei-Iin*'s activity extremely difficult. Under such circumstances, *Minsei-Iin* themselves point out the importance of networking among those in community care.

The next section analyses networking activity, which is also closely related to the workload of each *Minsei-Iin*.

4-3. Analysis of the *Minsei-Iin*'s various networks

In this research, we have classified *Minsei-Iin*'s relationships into four categories: 1) *Minsei-Iin*

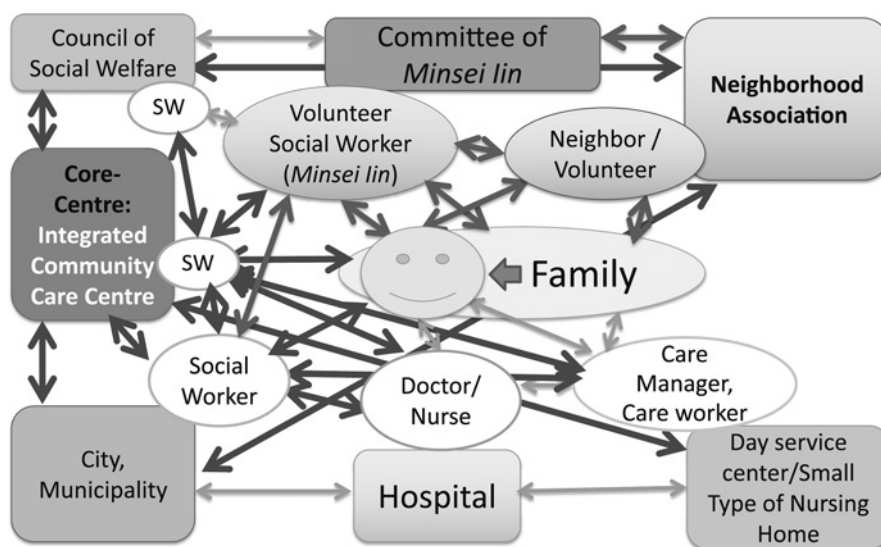


Figure 2. Community Care System for Elderly in Japan

Table 5. Networks of *Minsei-In* in Kyoto City (%)

	<i>Minsei-In</i> consulting other specialists	Other specialists consulting <i>Minsei-In</i>	<i>Minsei-In</i> and other subjects consulting each other
<i>Minsei-In</i>	83.1	43.0	38.6
<i>Roujin-Fukushi-In</i>	59.5	45.6	33.5
Neighbourhood association staff	34.5	33.8	16.8
Landlord/apartment manager	10.9	10.8	3.5
Ward office–social welfare section	61.3	21.9	18.0
Ward office–health care centre	15.3	4.4	2.7
Ward office–others	11.5	3.4	1.6
Police/fire station	16.2	6.5	3.5
Consumer affairs centre	5.7	1.2	0.4
Integrated Community Support Centre	66.3	27.9	24.2
Home Care Support Centre	10.7	4.5	2.5
Medical staff	10.1	4.1	0.4
Council of Social Welfare	33.1	19.4	13.2
Home care providers	11.9	7.3	3.6
Other social welfare organizations	4.9	3.4	2.2
Neighbours	25.7	44.0	15.2
Volunteers	10.1	12.4	4.8
Non-Japanese social worker (<i>Gaikokujin-Fukushi-In</i>)	0.6	0.3	0.0
Others	2.3	2.2	0.9

Table 6. Networks of *Minsei-Iin* in Kyoto City (top three collaborators with *Minsei-Iin*)

	First		Second		Third	
	Frequency	%	Frequency	%	Frequency	%
<i>Minsei-Iin</i>	1108	44.7	225	9.1	127	5.1
<i>Roujin-Fukushi-Iin</i>	138	5.6	547	22.1	190	7.7
Neighbourhood association staff	28	1.1	123	5.0	168	6.8
Landlord/apartment manager	4	0.2	9	0.4	16	0.6
Ward office–social welfare section	209	8.4	312	12.6	306	12.3
Ward office–health care centre	2	0.1	12	0.5	23	0.9
Ward office–others	4	0.2	14	0.6	18	0.7
Police/fire station	3	0.1	10	0.4	23	0.9
Consumer affairs centre	0	0.0	1	0.0	1	0.0
Integrated Community Support Centre	264	10.7	345	13.9	428	17.3
Home Care Support Centre	2	0.1	8	0.3	15	0.6
Medical staff	1	0.0	3	0.1	14	0.6
Council of Social Welfare	46	1.9	104	4.2	157	6.3
Home care providers	7	0.3	6	0.2	24	1.0
Other social welfare organizations	11	0.4	23	0.9	18	0.7
Neighbours	14	0.6	58	2.3	120	4.8
Volunteers	5	0.2	7	0.3	23	0.9
Non-Japanese social worker (<i>Gaikokujin-Fukushi-Iin</i>)	0	0.0	0	0.0	2	0.1
Others	8	0.3	11	0.4	1	0.0
Subtotal	1854	74.8	1818	73.4	1674	67.6
No answer/Don't know	624	25.2	660	26.6	804	32.4
Overall total	2478	100	2478	100	2478	100

consulting other specialists, 2) other specialists consulting *Minsei-Iin*, 3) *Minsei-Iin* and other specialists who have a two-way consultation and (4) other relationships not falling into any consulting category.

Table 5 summarizes the outcomes of the networking questions in our survey. It indicates how the *Minsei-Iin* are working together with other concerned individuals and organizations. The *Minsei-Iin* in Kyoto City have created a network with their colleagues and district volunteers, *Roujin-Fukushi-Iin*, who are in charge of watching over the elderly. The networks formed among volunteers are supported by officials such as staff of the Integrated Community Care System, ward offices and the Council of Social Welfare. Figure 2 shows us the relationship diagram of the community care system in Japan.

Kyoto City introduced the system of *Roujin-Fukushi-Iin* more than forty years ago. These local resident volunteers frequently visit the homes of the elderly. The results of their personal services are reflected in Table 5. In Kyoto City, support for the elderly living in the community has been implemented through well-coordinated efforts among community volunteers, including the *Minsei-Iin* and others involved in elderly care.

We asked *Minsei-Iin* about their coordination activities with various groups. We found that they have

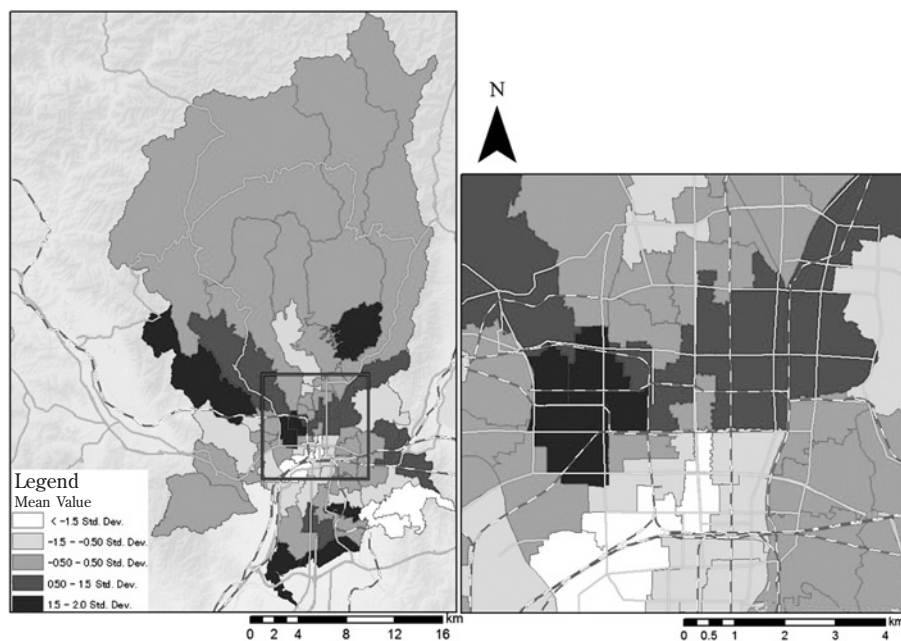


Figure 3. Mutual networks between Integrated Community Support Centres and *Minsei-Iin* (within Integrated Community Support Centres' jurisdiction)

high levels of trust in Integrated Community Care System support staff, fellow members of *Minsei-Iin* and community volunteers including *Roujin-Fukushi-In*. These individuals and organizations are nearby and easy to consult with. In some local communities, regular meetings are held among different organizations and *Minsei-Iin*. These volunteer workers consult each other on a regular basis, and when a problem occurs, ordinarily they tend to consult Integrated Community Care System staff.

As stated previously, in Japanese society, the Integrated Community Support Centres play a key role in community care. We have constructed a map, shown in Figure 3, using the GIS software in order to visualize how *Minsei-Iin* and the Integrated Community Support Centres form a network of reciprocal relationships within their areas of jurisdiction.

Figure 3 shows the level of reciprocal relationship between *Minsei-Iin* and Integrated Community Support Centres in various shades. The figure indicates a large variance in the level of reciprocal relationships across jurisdictions. The reasons for this variance may include factors related to *Minsei-Iin* as well as to the centres. On one hand, the *Minsei-Iin* may perceive the centres as having a low level of social capital—i.e. as not having gained much trust within the community—and thus as ineffective partners in forming a network with community residents and workers. On the other hand, the Integrated Community Support Centres may not see networking with community volunteers as their priority. We intend to conduct further analysis of these factors in the future.

Another important point can be seen in Tables 5 and 6, namely the absence of non-profit or non-governmental organizations (NPOs and NGOs) in supporting community care. For example, the non-Japanese social worker system was built in Kyoto City by the volunteer organization known as 'More Network'. However, it plays a minimal role in community care in Kyoto City. This point highlights a difference in community care delivery between Japan and other countries, especially the UK.

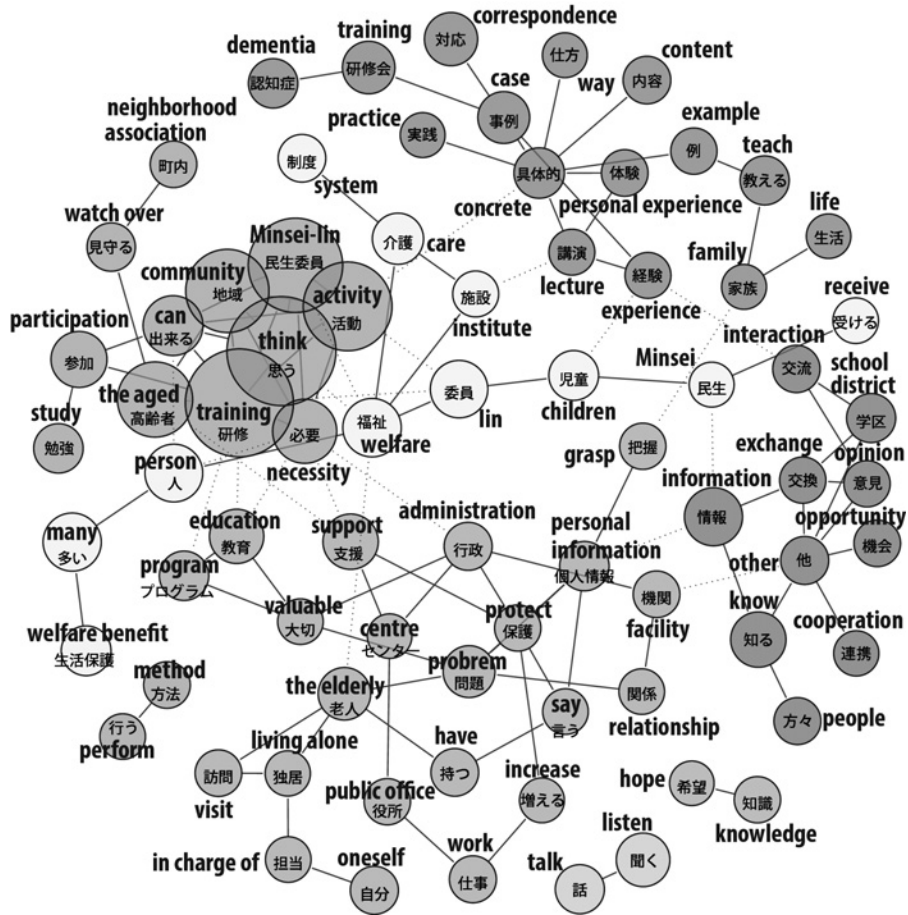


Figure 4. Co-occurrence network of training requests

It should be acknowledged that the *Minsei-lin* system has been operating nationwide in Japan for seventy-eight years and functions as a keystone of the Japanese community welfare system.

In the next section, we will analyse the problems that the *Minsei-lin* system is currently facing as well as the question of how to empower *Minsei-lin*.

4-4. Empowering *Minsei-lin*

To generate ideas on how to further empower *Minsei-lin*, we invited respondents to write their detailed requests and opinions regarding the training programs provided by their organization. We received answers to this question from 341 respondents.

We used the text mining method to select key words from the comments and then mathematically analysed the data with attention to the co-occurrence of these key words. In Figure 4, the size of the circle in which a key word is inserted corresponds to the frequency of that word's occurrence in *Minsei-lin*'s comments.

Figure 4 highlights the following four points: 1) *Minsei-lin*'s strong desire for training with regard to monitor the elderly in their community, 2) their interest in case study-based training to enhance their skills

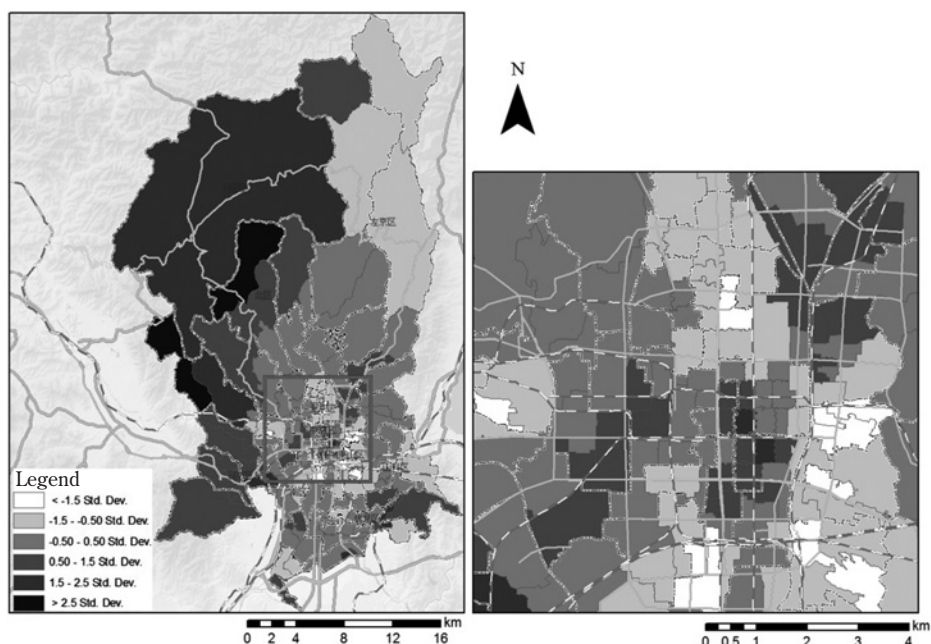


Figure 5. *Minsei-Iin* with fewer than six years of work experience (within Kyoto's local school district)

in response to community needs, especially in dealing with dementia, 3) their desire for stronger interaction and networking with members of *Minsei-Iin* and other specialists, including information sharing with these specialists, Integrated Community Support Centres and social welfare offices and 4) their concern for determining how to overcome the problem of deficient information flow in the community resulting from the Personal Information Protection Law.

As for the empowerment of *Minsei-Iin*, it is important to investigate how they have overcome existing difficulties in information sharing through great effort and creativity⁸. During our research, we asked *Minsei-Iin* to comment in detail about their daily activities. Our research team has attempted to summarize and categorize all these answers without losing the essence of the original observations. A report summarizing these comments has been distributed to the *Minsei-Iin* Association as well as to the relevant administration office. In addition, Professor Hiroshi Kato made a presentation on the outcomes of our survey at the Kyoto *Minsei-Iin* Association conference on 1 December 2013 in order to provide feedback to the community.

The *Minsei-Iin* system is now in crisis, because it has difficulty maintaining its current level of service in some communities. Figure 5 indicates the percentage of *Minsei-Iin* with fewer than six years of experience in each local area. Some areas (shown in white) are experiencing difficulties in recruiting new *Minsei-Iin*.

Currently, the gender balance of *Minsei-Iin* residing in Kyoto city is overwhelmingly female; 71% female whereas 29% male. As for the age, 44% of *Minsei-Iin* are over 66 years old, indicating that the average age of *Minsei-Iin* has been rising. This presents a serious problem with regard to finding replacements for older members.

Various problems persist, such as lack of interaction between veteran and younger *Minsei-Iin*, securing younger volunteers in the community and the overall ageing of the population. The baby boomers have

reached retirement age, and therefore it is important to consider how to involve them, especially retired people, in community activities.

5. Conclusions

In January 2013, The Special Committee on the Security Council for Needy Persons issued a report stating that ‘in order to formulate a new system to support the people in need, the role of *Minsei-Iin*, who are to grasp the real condition of each community and to provide support based on community needs, will become increasingly important⁹’.

In recent years, the various roles of *Minsei-Iin*, who form a part of the local volunteer network within the community care system, have been re-evaluated in Japan. Our survey has helped to elucidate the activities of *Minsei-Iin* from their point of view, clarify the problems they are facing and identify ways to overcome these problems.

We can summarize the key outcomes of our research in the following five points.

5-1. *Minsei-Iin*'s volunteer mentality has been verified statistically through our survey

The history of the *Minsei-Iin* system can be traced back to the pre-World War II era. The early *Minsei-Iin* members were chosen from reputable families in the community and were given an honorary position. However, with the enactment of the Long-Term Care Insurance Act in 2000, *Minsei-Iin* ceased being an honorary post and were repositioned as community social welfare volunteers. It is significant that the multivariate analysis on workload confirms the nature of *Minsei-Iin*'s volunteer mentality.

The three basic standards for *Minsei-Iin* activities specified under the *Minsei-Iin* Act are spirit of social volunteerism, respect for fundamental human rights and prohibition of abuse of their status for political purposes. In addition, on its fiftieth anniversary in 1967, the National *Minsei-Iin* Association set forth three guiding principles for its activity: residency, continuity, comprehensiveness along with five operating principles: survey, consultation, information provision, communication, advocacy'. Furthermore, on its seventieth anniversary in 1987, two additional principles of operation: coordination and support for residents' livelihood were added. The above-listed three basic standards, three guiding principles of activities and seven operations are considered the foundation of *Minsei-Iin* activities. Through our survey, it was reconfirmed that the members of *Minsei-Iin* adhere faithfully to this mission and play a key role in the promotion of community social work as volunteers.

5-2. The problematic cases that *Minsei-Iin* handle have been identified

With the help of this survey, the overall picture of the problematic cases that *Minsei-Iin* handle has been established. Traditionally, *Minsei-Iin* were tasked with supporting the poor within their community. However, in recent years there have been far more problems related to the elderly living in the community. Most of the cases that *Minsei-Iin* find difficult to handle involve psychological problems, especially dementia. Therefore, providing support for *Minsei-Iin* in such cases is essential, because people who find it difficult to communicate with others tend to be hidden from the community.

5-3. Social problems that *Minsei-Iin* are facing have been identified

This survey has also helped to identify in detail the systematic and institutional problems that *Minsei-Iin* are facing. From the open-ended answer comments written in the questionnaire, we have been able to

identify the barriers created by the implementation of the Personal Information Protection Law. These barriers present the largest single obstacle to the community volunteer work of *Minsei-Iin*. This law has been enacted to protect individual rights, but is having a negative effect on community care support. Therefore, the application of this law needs to be reviewed.

5-4. The social network supporting *Minsei-Iin* has been determined

The relevant collaborators and networks surrounding *Minsei-Iin* have been identified. In order for the *Minsei-Iin* to deal with problematic cases and to overcome systematic and institutional barriers, their support network is very important. Community care systems must be set up, with Integrated Community Support Centres being the focal point so that other various community social welfare actors can network with each other and remain in close contact.

Through our survey, problems related to local administration, social welfare organizations and community neighbourhood watch groups have also been identified. The survey elicited both positive and negative comments regarding the relationships between *Minsei-Iin* and these organizations. The comments have been summarized and categorized and have been submitted to the concerned organizations and individuals involved in community care.

In addition, this research implicitly assessed the effectiveness of *Minsei-Iin's* advocacy function. Advocacy, or representing the voice of the residents, is among the seven operating principles of *Minsei-Iin*, and how to strengthen their function as advocates has been an issue of concern. Although the scope of this survey is limited to three cities, it was certainly significant that a university research project involving all the members of *Minsei-Iin* in this area could be conducted with the cooperation of the *Minsei-Iin* Association and that it could achieve an impressive response rate of more than 90%. The enthusiasm of *Minsei-Iin* was evident in the returned questionnaires, as the outside margins of the forms were filled with comments. This response shows that they are sincerely trying to fulfil their role as advocates.

We believe that analysis and classification of survey data based on action research is an effective way of empowering *Minsei-Iin* as well as the social welfare actors in the community. We intend to continue conducting action research in order to encourage social welfare actors themselves to become aware of existing concerns that are illuminated by the results of such data analysis. The significance of this action research lies in the collaboration between university researchers and the community in order to shed new light on the development of community care.

- 1 The Ministry of Health, Labour and Welfare in Japan is promoting the Integrated Community Care System so that 'in 2025, when the baby boomers reach the age of 75 or more, they will be able to continue living in their own community until the end of their lives with dignity, even if they require high-level, long-term nursing care'. The Integrated Community Care System refers to 'the provision of housing, long-term nursing care, preventing services and livelihood support in their community as a whole'. To implement this system, 'community-based services' were introduced in 2005 within the partial revision of the Long-Term Care Insurance Act.
- 2 The Hamburg system was introduced in 1788 by setting up a poor-relief committee in order to grasp poverty levels and coordinate services with different charities. The Elberfeld system began in 1853 in what we call today the German city of Wuppertal by updating and improving the Hamburg system. The city was divided

into small areas containing not more than four poor households each time. More than five hundred poor-relief officers were assigned accordingly. The Strasbourg system, established in 1906, used a combination of both paid staff and volunteers to provide support.

- 3 Many local riots occurred in Japan during 1918, because of the decrease in the distribution of rice and its high price.
- 4 The *Minsei-Iin* system, as a group of volunteer social workers composed of local residents, is unique to Japan. Goodman, who positions Japan's social welfare policy as a model for East Asia, analyses Japan's *Minsei-Iin* from a cultural point of view. He describes *Minsei-Iin* as social workers with social welfare views distinctive to Japan, with heavy emphasis on self-help within the family and mutual assistance among neighbours.
- 5 Following are the *Minsei-Iin* Association's main activities in terms of supporting the elderly and the number of answers to questions on each activity: (1) operation of community centres for the elderly (in conjunction with the Council of Social Welfare and other community organizations), 642, (2) community events (such as sports days or special days for the elderly), 535, and (3) parties for single elderly people (including food preparation for these events), 357.
- 6 Action research is a research method used in various fields such as ethnic studies, institutional development (Lewin 1946, Zuber-Skerritt 1996), education, health, and social care (Susman and Evered 1978). It is a type of joint implementation research involving researchers and practitioners that aims to respond to pressing social issues, determine the substance and tendencies of the problem, and bring about changes in the current situation. By providing feedback on the research results to community practitioners, data can be verified and new recommendations that could inspire both practical change and future research can be generated. One characteristic of action research is that it is conducted together with community actors in order to pursue a solution to their problems.
- 7 In 2012, we presented this research result at the conference of ISTR (International Society for Third-Sector Research). See Ozawa, W. Makita, Y. Higuchi, K. Ishikawa, K. Yamada, H. Mensendiek, M. Ogawa, E and Kato, H. (2012) 'Volunteer Support Network for Elderly Foreigners: A New Movement of Korean Residents in Kyoto', *Ritsumeikan Social Science Review* 48 (3):19-40.
- 8 See the Note provided at the end of this article for details.
- 9 The Ministry of Health, Labour and Welfare issued this report by 'The Special Committee on the Security Council for Needy Persons' in January 2013.

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Note

The following are examples of creative ideas from *Minsei-Iin* members on how to implement their daily activities in their own words:

- (1) Talk to the elderly people in a respectful manner.
- (2) Prepare community newsletters or a personal letter and distribute this information when the *Minsei-Iin* visits the elderly person's home.
- (3) Make joint visits with home-care workers,
- (4) Coordinate with volunteer social workers in charge of looking after the elderly to conduct monitoring activity,
- (5) Perform other activities in conjunction with visitations, such as the following:

- 1) Distribute flower seeds in the spring

'We make visitations once a year in December, but three times a year is more desirable. How about distributing flower seeds in the spring season to cheer them up?'

- 2) When distributing lunch boxes, include a letter with children's drawings.

'The monitoring activity is necessary, but we also encourage the elderly to participate in community activities and interact with other community members [during summer community festival]. The elderly are very happy to receive a letter with drawings made by children.'

- 3) A sukiyaki (Japanese-style one-pot dish) party is always well received. It provides a good opportunity for people to get to know each other.

'We invite the residents to participate in events conducted by the *Minsei-Iin* Association or Council of Social Welfare. We make visitations together with the volunteer social workers in charge of looking after the elderly. Delivery of oden (a Japanese-style hot pot dish) or an invitation to a sukiyaki party is generally well-received. Residents who had been absent from most community events participated in one party. After that they never missed a party, and this gives us a lot of joy. The residents have acquired new friends and seem to enjoy their life even more.'

- 4) Distribution of emergency kits

'We have visited single elderly people in our area to distribute information kits when dealing with emergency cases.'

- 5) Listening to the opinions of elderly people

'In our area, the Neighbourhood Association is making various efforts to support single elderly people, and we cooperate with them whenever they request our assistance. We try to visit them at home whenever we have community newsletters to distribute; we talk to them and listening to their opinions.'

Acknowledgements

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民生児童委員の現在

—2012年京都市・宇治市・八幡市民生児童委員悉皆調査の分析—

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石川 久仁子^v, 小川 栄二ⁱ, 加藤 博史^{vi}

日本政府は、介護保険制度のもとで高齢者の在宅ケア重視政策を打ち出し、地域包括ケア制度にもとづく公的な支援とインフォーマルな支援との協働によって、超高齢化社会を乗り越えようとしている。こうしたなか、地域社会においてインフォーマルな支援を担ってきた民生児童委員（以下では民生委員と略記）の役割が改めて注目されている。従来の研究を振り返ると、海外の研究者による民生委員制度に対する注目度の高さに比して、国内研究者の民生委員研究の蓄積は少ない。また、民生委員組織を対象とする調査研究は見られるものの、民生委員自身から現状を聞き取ろうとする調査は今まで実施されてこなかった。

加藤博史氏を研究代表とする文部省科研費研究グループは、京都市民生児童委員連盟、宇治市民生児童委員協議会、八幡市民生児童委員協議会、宇治市健康福祉部地域福祉課、八幡市福祉部福祉総務課の協力を得て、民生委員に対する悉皆アンケート調査を2012年8月1日から9月20日にかけて実施した。京都市調査では、2478名から有効回収データを得ることができ、有効回収率は91.9%だった。ちなみに、宇治市調査では、それぞれ、264名、86.6%。八幡市調査では、136名、91.3%であり、いずれも回収率はきわめて高率だった。

調査内容は、①民生委員の活動レベルと活動実態、②民生委員が抱える困難ケースの実態、③民生委員のネットワーク形成の実態、④高齢者見守り活動に関する関心と民生委員自身の工夫点、⑤民生委員による問題提起とその乗り越え案、⑥今後の民生委員研修に向けた希望など多岐にわたっている。データ分析においては、SPSSによる集計・クロス分析や多変量解析を行ったほか、自由筆記回答の分析では、テキストマイニングの手法によって、回答データのキーワードを抽出し、共起性に注目して数理解析を行った。また、地理情報システム（GIS）を用いて、地域の問題を地図として視覚化する分析手法も用いた。

得られた知見について、簡単に3点をまとめておくと、まず第1に、地域ソーシャルワーカーとしてボランティア精神を発揮する民生委員の特徴を数値解析によって確認することができたことである。民生委員の活動量について重回帰分析を行ってみると、「特に困ったケース数」、関連機関や地域アクターとの「相互的関係性の豊富さ」、「在職年数」「年齢」というファクターによって、活動量が規定されていることが明らかとなった。困難な事例との遭遇が、民生委員の問題意識を醸成し、民生委員の活動意欲を駆り立てていく、あるいは、活動実践のなかで困難事例に遭遇し、それをきっかけとしてさらに地域活動に奮闘していこうとする積極的なボランティア像が浮かびあがった。

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また第2に、地域福祉を支える人々の高齢化と女性化が進んでおり、一部の地域では、新たな民生委員の任命がここ数年で出来ておらず、担い手の確保が深刻な問題となっていることも明らかになった。

そして第3に、民生委員が、個人情報保護法によって生じた必要情報の欠如に苦しみながらも、同僚や地域の老人福祉員とネットワークを作りながら地域福祉活動を活性化させていること、そして、こうした地域福祉活動を専門スタッフである地域包括支援センター、福祉事務所、社会福祉協議会・学区社会福祉協議会が支えていくという地域社会の実像が明らかとなった。しかしながら、地域包括支援センターと民生委員との相互的な関係性については地域包括支援センター管区ごとに大きな地域差があることも明らかとなった。

今回の調査は、民生委員の意見具申（アドボカシー）活動を大学側研究者が民生委員組織と連携して活性化させていくという点で大きな意義があったものと考えられる。調査分析結果は、民生委員組織主催の研修会でフィードバックされた。今後、その他の地域アクターにもフィードバックすることによって、地域コミュニティ全体の福祉力をエンパワメントしていくことが課題となる。

キーワード：民生児童委員，方面委員，老人福祉委員，地域包括ケア制度，民生児童委員京都市・宇治市・八幡市
悉皆調査

注記 本研究は、2014年7月にドイツのミュンスター市で開催された国際学会 ISTR (International Society for Third-Sector Research) で小澤・牧田によって報告されている。