Original Paper

Overview of Care Leavers and Aftercare Services in Japan: Measures for Extended and Gradual Transitions to Independence

Tim CLEMINSON[*1]**, Katsuki NAOSHIMA**[*2]** and
Tadakazu KUMAGAI[*2]

Abstract

This report compares Japanese care leavers' transitions to independence with their peers in the general population, and analyzes the aftercare support they receive. The analysis is based on the Transitions from Care to Adulthood International Research Group (INTRAC) guidelines in order to facilitate international comparisons and collaboration among aftercare researchers and practitioners. After a long period providing large-scale residential childcare facilities, Japan is beginning to diversify and downsize the care placements in order to provide 'family-like' care. Although central government has acknowledged the importance of aftercare services, there remains no mandatory legislation or specific central funding. Accordingly, there are few services and the transitions to independence are best described as contracted and abrupt. In comparison with their peers in the general population, care leavers have to become independent at an earlier age and suffer greater educational and social exclusion. The report recommends making aftercare service provision a legal requirement in order to support more extended and gradual transitions. Effective service provision requires proper funding for specially trained aftercare managers to help young people transition into adulthood successfully. Furthermore, a system needs to be developed that consolidates the experiences of care leavers and managers and develops a shared consciousness among practitioners.

1. Introduction

This report aims to compare Japanese care leavers' transitions to independence with their peers in the general population, and analyze the aftercare support they receive during this process. At present there are very few English reports outlining leaving care processes and aftercare services in Japan, so the international community is not aware of these programs. Sharing information internationally is important because it promotes mutual understanding, allowing practitioners and policy makers to learn from fellow professionals meeting similar challenges in different social and political environments.

[*1] Department of Medical Secretarial Arts, Faculty of Health and Welfare Services Administration,
Kawasaki University of Medical Welfare, Kurashiki, 701-0193, Japan
E-Mail: tim@mw.kawasaki-m.ac.jp
[*2] Department of Social Work, Faculty of Health and Welfare, Kawasaki University of Medical Welfare

To facilitate effective international comparison, information needs to be shared in a standardized format[1]. However, there is the lack of standardization of national datasets and continuity in research approaches. The International Research of Transitions from Care to Adulthood Research Group (INTRAC) is a worldwide network of specialists in aftercare that has developed a standardized approach to care leaving analysis that incorporates economic, political and cultural aspects. The approach includes macro, mezzo and micro levels of analysis that relate to large-scale international processes, the relationship between welfare regimes and practitioners, and specific actions and individual practice respectively[2]. INTRAC has used the model to analyze 17 advanced nations in Europe, Scandinavia, North America, the Middle East and Australia. However, there is a need to extend this analysis to regions such as Asia and South America in order to increase the potential for collaborative learning among practitioners.

To address the lack of information and facilitate future comparative studies with other advanced nations using comparative and holistic strategies[3] the authors have used the INTRAC format to report on national policy and local practice in the Japanese context. The authors present an overview of the Japanese welfare regime and the development of legal and policy frameworks related to looked after children (LAC) and aftercare. The authors then describe the present condition of children in care and aftercare services and provide an analysis of the key challenges care services must address in order to improve the opportunities and lives of care leavers. It is hoped that providing clear and up to date information will create the possibility for a deeper level of mutual understanding.

The need for sharing data and approaches with fellow practitioners internationally is particularly important at this time, as Japan is going through a period of significant change in terms of care and aftercare provision. After a long period providing large-scale residential childcare facilities, Japan is beginning to diversify and downsize the services they offer[4]. The movement towards a foster care and 'family home' group-fostering model requires not only a rethink of care, but also the services that help young people transition successfully into adulthood. Although the government has acknowledged the necessity of aftercare services and outlined the type of services needed[5], there are, as yet, no legal requirements or specific government funding set aside for aftercare provision. Thus, local governments are beginning to develop effective care and transitional services for young people without mandatory objectives, proper funding, or regulated models of service provision.

2. Welfare Regimes, Aftercare Legislation and Data Accessibility

2.1 Japanese welfare regime

One of the key aspects of comparing welfare services internationally is to understand the economic and political regimes in which they operate. INTRAC uses the Esping-Anderson 'Three Worlds' model to assess countries' welfare regimes. Esping-Anderson described Japan as a Conservative model[6], however, this is problematic because Japanese welfare strategies exhibit a set of contrasting conservative and liberal initiatives.

Japan's public spending is higher than the OECD average; however, the power of taxation and benefits systems to redistribute wealth is lower than the OECD average[7]. Although Japanese social security expenditure presently stands at 23% of GDP (OECD average, 21%), only 3% is spent on the working age population (OECD average, 6%). Taxation is relatively flat across income distributions; meaning low-income families with children incur relatively high taxation levels[7]. Indeed Japan is the only country whose poor are less well off in absolute terms than in the 1980's, and whose relative poverty rate is higher after taxation and benefits have been taken into consideration[7]. This is a concern as multigenerational poverty is one of the factors highly associated with entering care. The relative poverty stands at 16.1%, the sixth highest among OECD nations in 2012[7], with child poverty at 14.2%[8]. Furthermore, although 80% of parents in single parent

families are working, 54.3% are below the poverty line, the highest amongst OECD countries[8].

Japanese welfare has been focused on providing full coverage for a family in which the main earner is in full-time employment. Contributions are based on salary and are shared by the worker and corporation. Corporate contributions vary with the size of the company and are only made for full time employees. Hence, there is greater variation and less coverage than in other conservative models, such as Germany. In contrast, protection and support for the young and non-regular workers is minimal and liberal in nature.

Although the stereotype of Japan is providing jobs for life, the rate of non-regular workers in Japan now constitutes 35.2% of the total workforce[9]. A large number of these non-regular workers are thought to be involuntary non-regular workers. Given the high rates of non-regular employment status among care leavers[10], there is a real risk that they will fall outside current welfare provisions and be unable to receive necessary welfare services. At present, the government is responding to these problems by initiating liberally inspired reskilling programs for people receiving benefits, such as 'Workfare'. The programs are incentivized as local governments are entitled to reduce social service payments in the case of non-attendance. However, care leavers are more likely to have social or emotional issues that make completing such programs challenging. Unless care leavers receive the extra support necessary to overcome social problems and complete the programs, they may well result in undue penalties and negative outcomes for this group.

2.2 Legal and policy framework: development of care programs

Social care policy for children was ratified after the Second World War and based on large scale institutionalized care. In comparison with Western nations the rate of policy development in Japan has been slow, which is due, in part, to social stigma related to child abuse. For example, it was only in the enactment of the 2000 Child Abuse Prevention Law that a legal definition of abuse was created that included the basic categories of neglect and physical, mental and sexual abuse.

Although diversifying services had been part of the professional dialogue since the 1970's, major reform was not enacted until the Child Welfare Act of 1997. The Child Welfare Act essentially covers children from 0-18 years; extensions to the age of 20 years are possible[11], but numbers remain low. Provisions in the Child Welfare Act have led to downsizing large-scale care homes and diversifying the care system, including short-term care placements and support both within and for the family. Since 2015 legislation requires improved staff to child ratios of one worker for every four residents in institutionalized care[12]. These measures aim to provide higher levels of care, enable practitioners to use care more selectively and, when suitable, facilitate LAC returning to their home environment.

A move to provide more family based forms of care has been steadily gathering pace over the last decade. Legislation has been in place that aimed to raise national foster care rates to 16% by 2014, and increase them to 30% over the coming decades[13]. However, at present the rate is only 14.8% and 30% is still low compared with other advanced nations[14]. Furthermore, in May 2016 the government passed a drastically revised draft of the Child Welfare Act to be enacted from April 2017. This revision promises family-based care for all children except in cases where it would be inappropriate[15]. Acknowledging the right of children to family-based care is important; however, the scarcity of foster carers remains a serious obstacle to realizing this policy aim. Efforts to downsize include moving residents to 'family homes', which are small-scale residences with 4-6 LAC and a care support team. Family homes are necessary because the number of foster families in Japan remains low. These small-scale facilities were created to provide a greater possibility for permanency of relationships and the development of trust between care workers and LAC. They are considered a form of foster care and included in national foster rates. However, under

other countries interpretations, family homes may still be considered a form of residential care.

Although there have been transitional services in operation for almost 20 years, aftercare policy is still underdeveloped. In 1998 the Ministry of Health, Labour and Welfare formulated the 'Independent Living Home' policy. Independent living homes are residences for small groups of young people between 15 and 19 years who are not in education or training, but need support to learn the skills necessary for an independent life. Although young people can enter these facilities directly, or by moving from existing care residences when they reach a suitable age, places are limited. The 2005 revision of the Child Welfare Act acknowledged the need for more developed aftercare services. Initial guidelines for aftercare services were outlined in the 2010 'Aftercare for Looked After Children Enterprise Plan' based on interviews with staff and service users. The plan includes measures related to continuity of contact and relationship after leaving care; social skill training and advice services for care leavers, and proper aftercare training for care staff[5]. However, although aftercare guidelines have been created, provision is not mandatory. The permissive nature of legislation and the lack of central financing means funding aftercare is provided at the discretion of local governments. As we shall see in the leaving care and aftercare section, very few government schemes are active and there is a large disparity of service provision.

2.3 Prevalence of secondary data on childcare experiences

Secondary data can be used as material for analysis and is also useful in identifying care leavers for follow-up and longitudinal studies[16]. Internationally there is a large discrepancy between the way information about children in care is recorded and maintained. In Japan the majority of secondary data related to care is generated by national and local government. The data is generally quantitative and covers the reasons children enter care, the types of residence they enter and their educational achievement. Thus, the data would be classified as 'management information'[16]. Such data has been used in research to ascertain the total cost of care[17], and address issues such as restructuring service provision[18]. However, this data has rarely been used analytically in studies relating to aftercare experiences or in follow up studies involving populations that include large cohorts of care leavers. The collation of 'clinical information', secondary data at the case-level, is inherently problematic due to data and privacy laws that require public care records to be destroyed 5 years after an individual has left care[19]. Although residential institutions maintain records that care leavers have a right to access, public care records in child offices and other public data sources are destroyed. At present, there is very little data on children after they have left care because there are no legal requirements for local governments to maintain such records. In terms of research, maintaining case records for longer periods would facilitate greater understanding of the experiences of care leavers and make longitudinal studies possible. However, at present, this is not possible.

3. Present Condition of Aftercare Services

3.1 Looked after children and care facility rates

In terms of other advanced nations, Japan has a relatively low rate of children in care. Japan has a population of approximately 127.5 million people, and approximately 16.3 million (12.8%) are under 15 years of age[20]. As of March 2014, 46,000 young people were classified as LAC. This represents 28 in every 10,000 of the population under 15. In Germany these rates are around 64 in every 10,000 and in British countries these figures range from 55 to 120 per 10,000 children[3].

In 2012 there were 36,564 children in residential care, infant care homes and foster care in Japan[†1]; however, the vast majority lived in large-scale institutions[13]. Large-scale institutions vary greatly in capacity, from 20 residents in the smallest to 150 residents in the largest. However, 49.9% have a capacity to house between 41 and 70 residents[14]. The government has recognized the problematic nature of these institutions, and there is now a movement towards downsizing and increasing foster care and group

fostering family homes[14]. For example, Figure 1 shows that the proportion of LAC living in residential care has decreased from 92.6% in 2002, to 85.2% in 2012[12]. By 2014 the overall foster care rate had risen from 7.4% to 14.8%. However, there are large regional differences in foster rates ranging from 44.3% in Niigata Prefecture to 5.0% in Kanazawa City[14], and this is still below the first target the government had set of 16% by 2014. Furthermore, despite the increased diversification, the striking point is the high percentage of LAC living an institutionalized life.
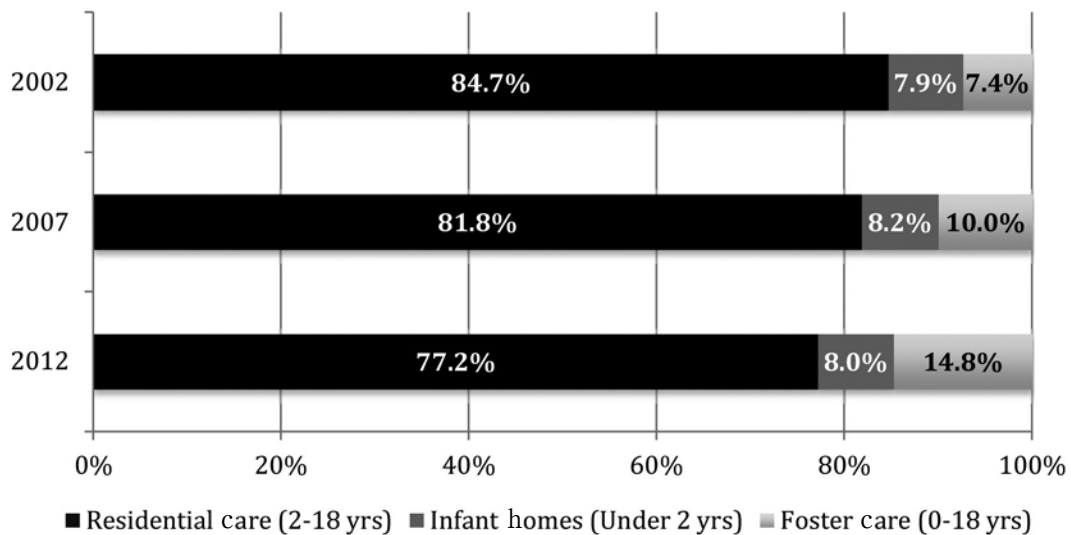

Fig. 1   Percentage change of children in large-scale residential care and foster care 2002-2012

In 2012, 4,856 children left care. From this group, 3,137 (64.6%) returned to their families and 1,327 (27.3%) were over 15 and decided to live independently[13]. As mentioned previously, care is theoretically available until 20 years of age, but the number of individuals able to extend their stay beyond 18 years of age remains very low[21]. In contrast data for the general population shows an increasing trend for young people to live longer with their parents. Indeed the government is actively researching the growth of 'parasite singles', children who do not marry and live with their parents until much later in life. Data shows that 48.9% of 20 to 34 year olds are still living with their parents[22].

Government data shows that the ratio of children aged between 15 and 18 years in care facilities has been steadily rising in recent years. In 2003 there were 6,101 residents (20.1% of the total population), and by 2013 the number had risen to 8,069 (26.9%)[23, 24]. This increase has been facilitated, in part, by the rise in independent care homes to 113 facilities with the capacity to house 749 young people[25]. Between 2012 and 2015, the number of young people living in these homes rose from 483 to 543, and the number transferring from other residential facilities rose from 34.8% to 42.5%[13, 26]. The number of care residents who leave when they are 19 has also increased from 9.6% in 2010 to 16.3% in 2014[26]. These increases show that, to a limited extent, LAC are extending the period they live in care past compulsory education ages. However, there is still a large disparity between the age at which care leavers must become independent and their peers in the general population. This disparity is also evident when we examine educational attainment and employment.

3.2 Social exclusion amongst LAC and care leavers

LAC and care leavers face varied problems in adult life and many have their roots in social exclusion in

education. The percentage of LAC in residential care that enter post-compulsory education is similar to the general population, however the percentage of LAC that complete their studies is significantly lower. As can be seen in Table 1, during 2011-12, 93.9% of LAC (2,534 individuals) entered senior high school, compared with 98.2% of the general population[27, †2]. However, figures for 2014-15, which mark the year this LAC cohort should be graduating, show only 71.0% (1,800 individuals) actually graduated from high school compared with 90.4% of the general population[25].

Table 1 High school entrance and graduation rates for LAC and general population: 2011 and 2014

| | 2011-2012 | 2014-2015 |
	Enter high school	Graduate high school
LAC residential care	93.9%	71.0%
General population	98.2%	90.4%

Reference: [25, 27]

Furthermore, 70.4% of care leavers who graduated from high school entered work directly compared with only 17.8% of the general population[25]. The dynamic is reversed when we consider high school graduates entering university: only 11.1% of care leavers entered university, compared with 54.5% of the general population. Figures for residential care leavers are also significantly lower than university entrance rates of LAC in foster care, which were 27.4% in the same year[25]. As financial support only extends to high school, the high financial burden and the lack of awareness of scholarships prevents many of this group from participating in higher education[21]. These figures show not only that living in care makes entering university more difficult, but also that residential care produces particularly poor educational outcomes.

Table 2 High school graduate career choices for LAC and general population in 2014

	University	Vocational college	Work	Other	Total
LAC residential care	11.1%	12.2%	70.4%	6.3%	100%
LAC foster care	27.4%	21.9%	42.6%	8.1%	100%
General population	54.5%	22.5%	17.8%	5.2%	100%

Reference: [25]

The knock-on effects of exclusion from higher education can be seen clearly when we consider the wage and employment status of care leavers. A study of 1,788 care leavers in Tokyo found that only 29.7% of junior high school graduates had full-time employment, compared with 46.5% of senior high school graduates and 75% of university graduates[10]. These figures are a clear indication that completing university level education is likely to improve chances of gaining full time employment. Furthermore, overall only 56.5% of male and 33.9% of female care leavers were in full-time employment, compared with a national average of 75.3%, 64.1% respectively[10]. Wages for this group were also low with 14.4% earning between $500 to $1,000 per month and 27.3% earning between $1,000 and $1,500. Overall 77.6% of care leavers were earning under $2,000[10], i.e. under the average salary of $2,100 / month for the 20-29 year age group[28, †3]. It is not just the lower income that impacts on the lives of care leavers, but also the lack of health and social care benefits associated with non-regular employment.

LAC generally become independent at a much earlier age than peers living with their family and comparative studies show the risk of instability in their lives is high. Care leavers who have finished compulsory education, but who are still under 17 had a higher probability of having irregular

accommodation, or no address registered at all[29]. A 2010 white paper commissioned by the NPO 'Big Issue' found that among 50 young homeless (average age 32.3 years), 12% were originally looked after children[30]. Although this is only a small-scale study, this suggests that LAC form a disproportionate percentage of the homeless. A survey in Kanagawa prefecture also found that those who left care under 18 years of age had a higher probability of working in sectors such as nightlife entertainment and the gambling industry, being unemployed or having no regular work[29]. This set of studies demonstrates an urgent need to research how more gradual and extended transitions can help facilitate greater success in academic, vocational and life skills.

3.3 Leaving care and aftercare services provision

The social exclusion LAC face when trying to live independently and the lack of continuity in care to address these issues have been known for a considerable time[31]. Given that no steps have been taken during this time to address this issue, the government must take some responsibility for the current state of affairs[32]. Even though legislature has recently recognized the need to provide aftercare services, the permissive nature of legislation and the lack of centralized financing means aftercare is provided at the discretion of local governments.

The lack of funding has resulted in a low level of aftercare provision and evaluative monitoring. For example, a survey of 98 residential care facilities found that 80% carried out no official form of aftercare. Of the 20% that did provide some form of aftercare, only 2% carried out regular evaluation of the service they provided[33]. Furthermore, 53% of institutions did not even have a plan for implementing aftercare, and 47% had no official method of recording information about LAC after they have left the institution[33]. However, a smaller scale study of residential care facilities and independent living homes found that 50% of care leavers received limited aftercare support, and 30% had consultations resulting in the production of an 'aftercare manual' (the Japanese equivalent of a pathway plan)[34]. These surveys show a disparity of service and it is clear that the recommendations in the 2005 revision of the Child Welfare Act and the 2010 'Aftercare for Looked After Children Enterprise Plan' are nowhere near being realized nationally.

One of the principal problems related to these issues is that no specific role for aftercare management exists. Studies show that the members of staff responsible for each child in care impact on the effectiveness of aftercare[35, 36]. As has been highlighted in numerous studies, aftercare should be considered within a framework of 'leaving care' with preparations beginning in good time before LAC actually leave[37]. However, a national survey of children's homes found that in 60% of institutions, there was no official individual responsible for aftercare[38]. Care workers who feel a personal responsibility towards care leavers they have taken care of often carry out informal aftercare. However, aftercare is mostly performed outside of office hours and at the personal expense of the carer involved[39]. Such conditions have resulted in a serious problem maintaining contact with care leavers and monitoring their progress. A Tokyo survey found only 1,788 (45%) of the 3,920 registered care leavers could be contacted[10]. Even where there are outreach programs in operation, maintaining contact is difficult and services can only be provided if there is a direct request for support from the care leaver[38]. Although there are a small number of NPOs who try to assist care leavers, such as Bridge for Smile, there is still a large discrepancy between needs and services which results in continued economic and social instability for this group both in terms of poor education, employment, access to health services and higher risk of homelessness[34, 40].

At present, only the Tokyo metropolitan government has implemented aftercare services as standard. The Tokyo metropolitan government has created the role of an 'Independent Living Coordinator' (ILC) who is responsible for aftercare. An ILC is assigned to each institution to manage aftercare services. Initial research suggests that service varies greatly with the individual ILC, in part because there is little

standardized training for this role[41]. Each institution and each worker have their own interpretation of aftercare, resulting in a lack of shared consciousness. Although this is an important program, it highlights the need to consolidate experiences of managing aftercare and standardize training as part of a national program that aims to improve service provision.

Even if a standardized aftercare system and role is created, and funding made available, it's also becoming clear that there are not enough trained staff to provide a suitable level of care. Nationally, the average length of service for residential childcare staff is 3 or 4 years. There is a high rate of staff turnover and workers are often young and lack experience[35]. For example, a Tokyo study showed 53% of care workers were in their twenties and 60% had less than 4 years' experience[34]. Furthermore, 66% of workers were female and 75% of these female workers were unmarried[34]. Low salaries for care work do not provide an incentive for these young women to return to childcare after they have raised their children. These dynamics create instability in the workforce, and a considerable loss of experience and know-how[34, 35]. The skill levels necessary to successfully manage leaving care are high, and there is not enough continuity in the workforce to develop the skills necessary to meet those challenges. Therefore, developing a certified training scheme and financial and professional incentives to return to work are of primary importance when planning aftercare services.

3.4 Aftercare and life stages: record management and disclosure

For LAC who must deal with the scars of abuse, reflecting on and deepening their understanding of their background, their existence, and relationship with their parents is essential for a productive life. Such development is a necessary part of formulating emotional and psychological independence[36]. Thus, therapeutic care should be seen as preventative care, for example dealing with problems between care leavers and their parents to make sure problems are minimized when care leavers become parents themselves. In order for LAC to explore their life history, disclosure of case files relating to care is essential. However, national surveys of childcare facilities reveal it is a mixed picture concerning the disclosure of records relating to a child's care. Some institutions fully disclose their records; some are reticent to do so[38]. Even when records are disclosed, managing the nature and timing of disclosure is problematic and, without any formal guidelines, this difficult decision is left to the care workers in the facility[38].

The timing of disclosure is also complex as individuals may wish for this information many years after they have left care. Based on his life history interviews with care leavers, Ibe[42] emphasized the importance of thinking about aftercare from the perspective of life stages. That is to say, needs change with key phases in life and events such as starting work, getting married and starting a family may act as triggers that require introspection and making sense of our lives. For many LAC who have left care, having a care worker from their facility whom they can trust and who understands their history creates a continuity that aids reflection and self-understanding. However, given the high level of staff turnover, there must be many cases when care workers who understand a case cannot be contacted when their help is really needed[35]. Perhaps the deeper point that arises from these studies into life stage perspectives is that we should also question the notion of aftercare as transitory or as a quick fix. Rather we should see aftercare as a service that people may need throughout their lives in order to come to terms with and make sense of their life.

4. Discussion: Recommendations to Create Extended and Gradual Transitions

This report shows that the process of leaving care and becoming independent in Japan is best described as 'accelerated and abrupt'[1]. Government figures and independent research show clearly that the vast majority of care leavers have to become independent at an earlier age than their peers and suffer greater educational and social exclusion[10, 13, 25, 26]. Hence, transitioning to independence is 'accelerated'. Furthermore, care leavers move from an institutionalized life to instant adulthood and, excluding programs

in Tokyo, navigate this process with little formalized guidance or support. Hence, their transitions can be regarded as 'abrupt'. Accelerated and abrupt transitions stem from a permissive and underdeveloped aftercare policy that leaves aftercare provision to the discretion of local government. Although there are legal provisions to extend care to 20 years old, the lack of central funding means this is the exception rather than the norm[21]. Furthermore, although local governments in Tokyo have created the position of independent living coordinators, local governments are not legally required to provide aftercare services or specialists to manage them. The non-standardized implementation of support has resulted in serious disparity of service among care leavers, leaving the vast majority disadvantaged when they begin to live independently.

Due to the lack of a strong legal framework, aftercare is often provided on an informal basis by NGOs and care workers who feel a sense of duty to care for LAC after they leave[39]. However, these measures are not sufficient, and put undue strain on the individuals providing assistance, with care workers using their own free time and finances in order to help[39]. Maintaining contact, supporting care leavers' development and properly evaluating these processes are simply not possible under present financial and institutional constraints[33]. Given these conditions, it is clear that without the development of a more extensive and standardized aftercare model sponsored by the state, care leavers cannot get the practical and emotional support necessary to help them make smoother transitions.

To create extended and gradual transitions requires a reformulation of policy, funding and practice based on notions of duty and corporate parenting in which the government takes greater responsibility for providing care. Accordingly, policy should be amended to include a clear set of nationally standardized requirements for aftercare. These requirements should extend coverage from 18 to 25 years of age, and extend the scope to cover higher education and therapeutic support for care leavers and their families throughout key life stages[42]. Centrally held care records should not be destroyed after five years, but maintained throughout a care leaver's lifespan, so they can access their records when they feel the need to reflect and make sense of their lives[42]. Communication with care leavers should not be considered as a short-term need, but a long-term relationship that supports care leavers and can feedback positively into developing care services. Therefore, a specialist aftercare management position needs to be created and funded within the existing childcare support structure and, in the long term, be staffed by certified practitioners. Creating certification itself will build a system that develops greater communication between care institutions and practitioners into order to consolidate the lessons learnt during aftercare management. Indeed consolidating this learning is essential for improving practice, and developing a sense of shared consciousness among care workers and aftercare practitioners.

Researchers also have an obligation to work with policy makers, practitioners and service users to help create comprehensive evaluative approaches that generate data that can be used to develop existing services. Research should employ macro, mezzo and micro level approaches that aim to understand both the interconnectedness of environmental factors that lead to social exclusion, and how dynamic support networks help young people overcome its associated disadvantages. A mixed-method approach should include analysis of policy and government statistics, but also ethnographical studies that form part of longitudinal studies. This will allow greater understanding of the social mechanisms that are conducive to independent living, and those that put care leavers and their families back into risk. Improving communication and developing insight through research will allow a preventative approach to aftercare that in time, will reduce the numbers falling back into care or needing welfare and medical assistance and, thus, reduce the associated financial burden on the state to care for them. Employing a standardized approach as promoted by INTRAC will allow more effective international comparative studies to be performed, and allow different nations to learn from each other how best to assist care leavers on their journey to

independence. Prioritizing these research initiatives and aftercare services is absolutely fundamental and should not be considered a drain on national resources, but rather a form of social investment that in the long-term benefits society as a whole.

4.1 Conclusion

   This report has shown that care leavers in Japan face an accelerated and abrupt transition into adulthood. In contrast to their peers in the general population, care leavers become independent much earlier, have less support throughout this process and often face social exclusion as a consequence. Despite the efforts of care workers and NPOs to provide informal aftercare, the lack of legal requirements and central funding means the majority of care leavers receive no specialist formal aftercare services, and must rely on general welfare services. Creating extended and gradual transitions will require the government to take on a greater responsibility to act as a corporate parent, and provide aftercare managers and services that address the challenges this group faces in their quest for independence. A standardized form of research that incorporates macro, mezzo and micro levels of analysis is essential in this process, to provide feedback that can directly improve services and outcomes for care leavers, and contribute to the international dialogue on aftercare service provision.

4.2 Further research

   The Japanese care model is presently based on institutionalized care; however, policy aims to increase the number of foster homes and family-like care placements (such as family homes) over the next decades. Therefore, the researchers intend to follow-up this research with an in-depth comparison of leaving care and aftercare approaches in nations which have a foster based care program, such as the United Kingdom, and nations which employ an institutionalized approach that utilizes small scale facilities similar to independent living and family homes, such as Germany. Comparing these three nations may provide interesting results to help evaluate the best way for Japan to keep its promise to provide family-like environments in childcare and improve the outcomes for this vulnerable group.

Notes

[†1] These figures exclude short-term therapeutic placements, mother and child shelters, homes for young offenders and independent living homes.

[†2] These figures exclude short-term therapeutic placements, mother and child shelters, homes for young offenders and independent living homes.

[†3] These figures exclude short-term therapeutic placements, mother and child shelters, homes for young offenders and independent living homes.

References

 1. Munro E and Stein M : Introduction: comparative exploration of care leavers' transitions to adulthood. In Stein M and Munro E eds, *Young people's transitions from care to adulthood: international research and practice*, Jessica Kingsley Publishers, London, 11-20, 2008.
 2. Pinkerton J : States of care leaving: towards international exchange as a global resource. In Stein M and Munro E eds, *Young people's transitions from care to adulthood: international research and practice*, Jessica Kingsley Publishers, London, 241-257, 2008.
 3. Payne M : *What is professional social work?* 2nd Edition, The Policy Press, Bristol, 2006.
 4. Ministry of Health, Labour and Welfare : Future issues in social care. http://www.mhlw.go.jp/bunya/kodomo/syakaiteki_yougo/dl/yougo_genjou_02.pdf, 2011. (September 28, 2016) (In Japanese, translated by the author of this article)

5. Ministry of Health, Labour and Welfare : *Aftercare implementation office activity report vol.3, April to June 2011.* http://www.mhlw.go.jp/iken/after-service-vol3.html, 2012. (September 15, 2016) (In Japanese, translated by the author of this article)

6. Esping-Andersen G : *The three worlds of welfare capitalism*, Minerva Shobo, Kyoto, 2001. (In Japanese, originally published by Polity Press, 1990)

7. Organization for Economic Cooperation and Development : *Economic surveys: Japan overview, April 2015.* http://www.oecd.org/eco/surveys/Japan-2015-overview.pdf, 2015. (September 20, 2016)

8. Ministry of Health, Labour and Welfare : *Measures for the current political issues, establishment of national minimum, annual health, labour and welfare report, 2009-2010.* http://www.mhlw.go.jp/english/wp/wp-hw4/dl/honbun/2_2_3.pdf, 2010. (September 21, 2016)

9. Japan Institute for Labour Policy and Training : *Chapter 5 labour administration and legislation, measures for workers in non-regular employment (fixed-term, part-time, dispatch), labour situation in Japan and its analysis, general overview 2013/2014.* http://www.jil.go.jp/english//lsj/general/2013-2014/5-5.pdf, 2014. (May 31, 2015)

10. Tokyo Health and Welfare Office : *Questionnaire survey report on children discharged from children's care homes in Tokyo.* http://www.metro.tokyo.jp/INET/CHOUSA/2011/08/60l8u200.htm, 2011. (September 28, 2016) (In Japanese, translated by the author of this article)

11. Ministry of Health, Labour and Welfare : *Childcare facility handbook.* http://www.mhlw.go.jp/bunya/kodomo/syakaiteki_yougo/dl/yougo_genjou_04.pdf, 2012. (September 5, 2016) (In Japanese, translated by the author of this article)

12. Ministry of Health, Labour and Welfare : *Overview of funding for family welfare measures, 2015.* http://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihoshoutantou/0000081380.pdf, 2015. (September 28, 2016) (In Japanese, translated by the author of this article)

13. Ministry of Health, Labour and Welfare : *Overview of social care services, January 2012.* http://www.mhlw.go.jp/stf/shingi/2r985200000202we-att/2r9852000002031c.pdf, 2012. (September 26, 2016) (In Japanese, translated by the author of this article)

14. Ministry of Health, Labour and Welfare : *Overview of social care services, March 2014.* http://www.mhlw.go.jp/bunya/kodomo/syakaiteki_yougo/dl/yougo_genjou_01.pdf, 2014. (September 15, 2016) (In Japanese, translated by the author of this article)

15. Doi K : *Revised child welfare act: the principle of family-based care now guaranteed by the law.* https://www.hrw.org/news/2016/05/27/revised-child-welfare-act-principle-family-based-care-now-guaranteed-law, 2016. (September 23, 2016)

16. Courtney ME : Use of Secondary Data to understand the experiences of care leavers: Cross national comparisons. In Stein M and Munro E eds, *Young people's transitions from care to adulthood: international research and practice*, Jessica Kingsley Publishers, London, 279-288, 2008.

17. Wada I and Igarashi A : The social cost of childcare in Japan. *Children and Youth Services Review*, **46**, 72-77, 2014.

18. Tsutsui T and Otaga M : The system of child protection in Japan: Shift in residential placements for children and the necessary conditions to restructure the care provision system. *Journal of the National Institute of Public Health*, **60**(5), 401-410, 2011. (In Japanese with English abstract)

19. Ministry of Health, Labour and Welfare : *Revision of child office management principles,* chapter 3. http://www.mhlw.go.jp/bunya/kodomo/dv-soudanjo-kai-honbun3.html, 2007. (September 28, 2016) (In Japanese, translated by the author of this article)

20. Statistics Bureau : *Current population estimates as of October 1, 2014. Ministry of Internal Affairs and Communications.* http://www.stat.go.jp/english/data/jinsui/2014np/index.htm, 2014. (September 25, 2016)

21. Saruto S : *Without dreams: children in alternative care in Japan.* https://www.hrw.org/sites/default/

files/reports/japan0514_ForUpload_0.pdf, 2014. (September 12, 2016)

22. Statistics Bureau : *Recent condition of unmarried single children living with their parents 10, Revision, November 17, 2015. Ministry of Internal Affairs and Communications.* http://www.stat.go.jp/training/2kenkyu/pdf/zuhyou/parasi10.pdf, 2015. (October 25, 2016) (In Japanese, translated by the author of this article)

23. Ministry of Health, Labour and Welfare : *Survey report on children in children's care homes 2004.* http://www.mhlw.go.jp/houdou/2004/07/dl/h0722-2b.pdf, 2004. (September 29, 2016) (In Japanese, translated by the author of this article)

24. Ministry of Health, Labour and Welfare : *Survey report on children in children's care homes, February 1st 2013 to present.* http://www.mhlw.go.jp/stf/houdou/0000071187.html, 2015. (September 29, 2016) (In Japanese, translated by the author of this article)

25. Ministry of Health, Labour and Welfare : *Overview of social care services, July 2016.* http://www.mhlw.go.jp/file/06-Seisakujouhou-11900000-Koyoukintoujidoukateikyoku/0000108941.pdf, 2016. (September 15, 2016) (In Japanese, translated by the author of this article)

26. Ministry of Health, Labour and Welfare : *Overview of social care services, January 2016.* http://www.mhlw.go.jp/file/06-Seisakujouhou-11900000-Koyoukintoujidoukateikyoku/0000108941.pdf, 2016. (September 15, 2016) (In Japanese, translated by the author of this article)

27. Ministry of Health, Labour and Welfare : *Overview of social care services, September 2012.* http://www.mhlw.go.jp/stf/shingi/2r985200000202we-att/2r9852000002031c.pdf, 2012. (September 15, 2016) (In Japanese, translated by the author of this article)

28. Ministry of Health, Labour and Welfare : *Statistical survey of basic earnings.* http://www.mhlw.go.jp/toukei/itiran/roudou/chingin/kouzou/z2011/dl/data.pdf, 2013. (September 28, 2016) (In Japanese, translated by the author of this article)

29. Kanagawa Prefecture Survey : *Approaches to leaving care in children's care homes in Kanagawa.* http://www.knsyk.jp/s/shiryou/pdf/24taisyojidou_houkoku.pdf, 2013. (May 31, 2015) (In Japanese, translated by the author of this article)

30. Big Issue Foundation Japan : *White paper for the young homeless - problems and solutions viewed through young homeless narratives.* http://www.bigissue.or.jp/pdf/wakamono.pdf, 2010. (May 5, 2015) (In Japanese, translated by the author of this article)

31. Yamagata F : Socialization and aftercare in children's care homes. *Journal of Japanese Association for Buddhist Social Welfare Studies*, **6**, 162-177, 1979. (In Japanese, translated by the author of this article)

32. Taniguchi S : The issues concerning the care of children and young people in children's homes. *Bulletin of Aichi Shukutoku University*, **1**, 107-116, 2011. (In Japanese, translated by the author of this article)

33. Saito Y : Aftercare practice for those who left children's care homes: Considering results of the nationwide survey toward the managers. *Journal of Bunri University of Hospitality*, **13**, 49-54, 2008. (In Japanese, translated by the author of this article)

34. Takahashi A : Child advice office for children who have flown from the nest of social care. *Kodomo to Fukushi*, **6**, 8-15, 2010, Tokyo. (In Japanese, translated by the author of this article)

35. Ito K : A study of aftercare for children discharged from child foster care institutions: Focus on the person discharged on 18 years old. *Journal of Saitama University*, *Faculty of Education* **61**(1), 149-155, 2012. (In Japanese)

36. Sakuradani M : Aftercare for people leaving children's care homes: roles of care home staff in supporting social independence. *Ritsumeikan Social Sciences Review*, **49**(4), 139-149, 2014. (In Japanese with English abstract)

37. Yamagata F : Leaving care in childcare facilities. *Social Work Studies*, **15**(1), 44-50, 1986. (In Japanese)

38. Miyata N and Tanaka H : Leaving care in children's care homes : Outcomes and analysis of a nationwide survey. *Int'lecowk* : *International Economy & Work Research Institute*, **68**(11,12), 20-27, 2013. (In Japanese, translated by the author of this article)

39. Takahashi A and Fujiwara Y : *Aftercare support for children discharged from children's care homes.* https://www.syaanken.or.jp/wp-content/uploads/2012/05/A-07.pdf, 2012. (May 31, 2015) (In Japanese, translated by the author of this article).

40. BRIDGE FOR SMILE NPO : *National childcare facility survey 2015, survey related to support that promotes social independence.* http://www.b4s.jp/_wp/wp-content/uploads/2015/12/e51d6758a7a9a4557 76faec103127ae3.pdf, 2015. (October 26, 2016) (In Japanese, translated by the author of this article)

41. Hayakawa S : Standardization of independent living support in childcare facilities : Developing independence in work in Tokyo. *Kodomo to Fukushi*, **6**, 8-15, Tokyo, 2013. (In Japanese, translated by the author of this article)

42. Ibe K : Life stories of residential child care leavers who returned to their family. *Journal of the Faculty of Social Welfare, Bukkyo University*, **9**, 1-26, 2013. (In Japanese)