

【研究ノート】

# Residential Care and the Training and Qualification of Social Workers in Britain and Japan: Some Comparisons

JIRO MATSUI

## 1 INTRODUCTION

My purpose in Cardiff was to study residential social work and also the training and qualifications of social workers in Britain.

I chose these two themes because when considering the important role residential care plays in the social services in Japan, the positive ideas and practices of residential care which have been emerging in Britain since the 1970s are particularly significant for residential care in Japan. Furthermore, considering the poor tradition of the training and qualification of social workers in Japan, I believe that Japan has much to learn from Britain which has herself developed a comprehensive training and qualification system for social workers.

In order to study above-mentioned themes, I have not only read the literature of residential social work, training and qualifications, but I have also visited some residential homes (mainly for the elderly) and CCETSW (Central Council for Education and Training in Social Work).

---

This paper was submitted for the purpose of discussion to the seminar held at the School of Social Work, University College, Cardiff, on 15th February 1985.

My visit to Cardiff has been short and thus my experiences have been very limited. However, I have learnt much not only in relation to the above-mentioned themes, but also with regard to aspects relating to other matters.

In this short essay, I would like to describe some of my impressions relating to differences in residential care and training and qualifications between Britain and Japan.

## 2 DOMICILIARY SERVICES AND RESIDENTIAL CARE FOR THE ELDERLY

(1) When comparing the social services in Britain and Japan, I noticed some differences as well as similarities between both countries.

Britain and Japan are similar in that they both have social security programmes which basically consist of income security mainly provided through social insurance, medical security through health insurance, and public welfare including services for the elderly, physically and mentally handicapped and children lacking a normal home life. Also, these various social services programmes cover a wide range of aspects in citizens' daily lives, and now reaching the same level as those of the advanced welfare states of Western Europe as far as coverage and kinds of programmes are concerned.

However, at the same time I have noticed some differences between the two countries. For instance, as a result of the Japanese employment system of lifetime employment and seniority wage system, coupled with a traditional tendency in Japan to attach great importance to group relationships, non-statutory social services programmes undertaken by business are quite extensive both in scale and variety. In addition, the retirement allowance paid by business plays no small part in old-age security in Japan.

Residential Care and the Training and Qualification of  
Social Workers in Britain and Japan: Some Comparisons

Furthermore, with regard to domiciliary services and residential care, Britain and Japan are quite different in many respects. It may be said that these differences are of quality rather than of quantity. In other words, domiciliary services and residential care in both countries are likely to be provided on the basis of different premises or different values. Therefore, when we try to compare social services in the two countries, it is not always appropriate to use the same measure.

In this essay, some differences in social services between the two countries are more emphasised than similarities.

I believe that we can learn as much from differences as from similarities.

(2) What are the causes of differentiating domiciliary services and residential care between Britain and Japan?

I have come to hold the following ideas after my visits to residential homes and day centres. My impression is that the independent life of each person is a dominant value in Britain which influences domiciliary services and residential care.

It may be said that this ideal has been consistent since the Poor Law era. What has been changed is not the ideal itself, but the means, that is, the mode of allocation of resources to realise the ideal. In contrast, it can be said that interdependency is a predominant value in Japan which penetrates the domiciliary services and residential care.

When I refer to a predominant value in each country it is not my intention to argue that the value of interdependency does not exist in Britain, nor the value of independency in Japan. It is a simplistic and an erroneous view to presume that only one value exists in a society. Rather, truth is that there is more than one value in a society: in reality, society recognises conflicting values.

Thus, a predominant value influences the aims and means of social services under the constraints of a national economy.

Therefore, if the predominant social values differ, the aims and means also differ. This being so, some explanations can be offered concerning the differences in domiciliary services and residential care between the two countries in the following way.

(3) The domiciliary services in Britain have been considerably better arranged than in Japan in terms of their coverage and types of service. For example, day centres, meals on wheels, home helps and home nursing are playing important roles in supporting the daily life of the elderly in the community.

What is more important is that housing policy not only has a long tradition in Britain, but also has been considered to be one of the major components of social policy. As a result, a great number of council houses and sheltered housing are provided in Britain. In addition, a unique system of Government subsidies, rent rebates and housing benefit has been developed in Britain. I believe that the housing policy is one of the most important components of community care in Britain.

Altogether it may be said that community services, including the domiciliary services and housing policy, aim to enable elderly people to live as independent a life as possible in their communities.

Let us now turn to the domiciliary services in Japan. Some domiciliary services are provided also in Japan, but compared with those of Britain, these services are very scarce. For instance, the sheltered housing and day centres are not only underdeveloped, but also the number of home helps is limited in Japan (the total number of home helps in 1982 was 18, 278). Furthermore, community nursing for the elderly is underdeveloped.

Why have domiciliary services been so underdeveloped in Japan? The reasons may be that family care for the elderly has had a strong tradition in Japan (Table 1), and as a result elderly people who are not living with their families but living alone in the community are to be looked on with pity or sympathy by others.

Residential Care and the Training and Qualification of  
Social Workers in Britain and Japan: Some Comparisons

**Table 1** Proportion of different Types of Household Occupied By Elderly Persons over the age of 65 years old. Japan (1975-1982): Percentages.

		Single Person Household	Married Couple Household	Two Generation Household	Three Generation Household	Others
1975	100.0%	8.6	13.1	9.6	54.4	14.4
1976	100.0	9.8	13.9	9.8	52.4	14.2
1977	100.0	9.8	14.0	10.1	51.9	14.1
1978	100.0	9.7	14.7	9.8	51.2	14.7
1979	100.0	10.2	15.8	10.3	50.3	13.3
1980	100.0	10.7	16.2	10.5	50.1	12.5
1982	100.0	10.8	17.1	10.1	48.9	13.0

*Index of Welfare in Japan, 1983*

**Table 2** Who Do The Elderly Live With? Great Britain 1973-4 (Percentages)

Spouse	41
Married Children	7
Unmarried Daughter	5
Unmarried Son	7
Grandchildren	4
Other Relatives 65 or Over	4
Other Under 65	3
Non-Relative	3
Alone	26
Source: Age Concern (1974a amended)	

*Nicholas Bosanquet A Future for Old Age, 1978*

In other words, the ideal of interdependency is dominant in Japan. Therefore, when community care is talked about by people in Japan, it means mainly family care. In Japan, the family really is playing a major role in meeting the needs of the elderly.

However, family life is changing rapidly in Japan. In particular the recent rapid growth of the Japanese economy has had a major impact on the structure of family life. As a result, the structure of the family is changing towards smaller units consisting basically of

Table 3 Occupancy Rates By Type of Household: Japan, 1955-1982.: Percentages

		Single Person Household	(2) Total Columns of (3) & (4)	(3) Married Couples Household	(4) Two Generation Household	Three Generation Household	Others
1955	100.0%	10.8	45.3	...	...	43.9	
1960	100.0	17.3	44.7	...	...	37.9	
1965	100.0	17.8	54.9	8.6	46.3	27.3	
1970	100.0	18.5	57.0	10.7	46.3	19.2	5.3
1975	100.0	18.2	58.9	11.8	47.1	16.9	6.5
1980	100.0	18.1	60.3	13.1	47.3	16.2	5.4
1982	100.0	18.8	59.5	13.7	45.8	16.1	5.6

*Index of Welfare in Japan, 1983*

immediate parents and children (Table 3), as opposed to the large family unit of pre-war years. Correspondingly the family's caring capacity for the elderly is decreasing.

What is more, the age composition of Japan's population is undergoing a gradual change. In 1980, the ratio of those aged over 65 years old in the whole population in Japan was only 9.1 percent. However, according to the population statistics, the aged population has been increasing year by year, and in 2010 the ratio of the aged in the whole population will be estimated at 18.8 percent (Figure 1).

# Residential Care and the Training and Qualification of Social Workers in Britain and Japan: Some Comparisons

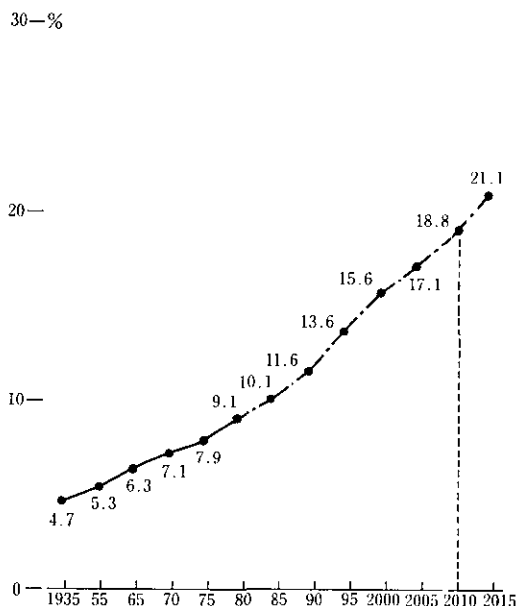


Figure 1 Population Projection For Elderly Persons  
(Age 65 and over): Japan

Confronted by the change in family unit and the increase in the ageing population, Japan has been obliged to pursue a policy, not in the direction of organising domiciliary services, but of increasing the number of residential homes for the elderly (Figure 2).

(4) In the preceding sections, I have referred to some differences of premise or dominant values which have resulted in different emphases on the domiciliary services and residential care between Britain and Japan. To sum up briefly, the domiciliary services aimed at supporting the independent life of the elderly have been more extensively developed in Britain. In contrast, family care traditionally has played an important role in Japan in meeting the

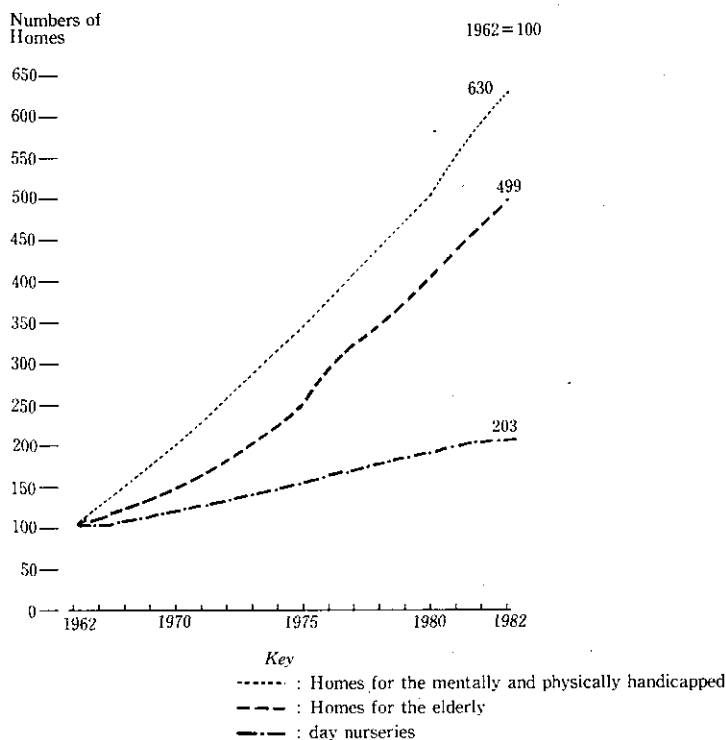


Figure 2 Number of residential homes and day nurseries in Japan (1965-1982)

needs of the aged, but is now accompanied by the change of family unit and the increase in the ageing population, and as a result the number of residential homes for the elderly is rapidly increasing.

The differences in premise or predominant values have not only resulted in different modes of allocating resources in social services, but have also resulted in some important differences in residential care; some differences in reasons for admission, admission process,



home size and home life.

First, compare the reasons for admission. The major reason for admission to homes for the elderly in Japan is the difficulty of living with their families (largely, family friction). The proportion of elderly people admitted for this major reason varies according to the category of residential homes for the aged, but the proportions is a high percentage of total residence. For example, the proportion in nursing homes is 43.7 %, in residential homes is 31.4 %, and in homes with a moderate fee for the aged it is 39 %, (according to the National Survey in 1982). At the same time, looking at the previous accommodation of those admitted to residential homes for the aged, more elderly persons are admitted from their family than from any other accommodation.

On the other hand, the reasons for admission in Britain are in striking contrast with Japan in that a major cause is an inability to cope with the daily tasks of living, that is, difficulty in leading an independent life in community. At the same time, with regard to the previous accommodation of those admitted to residential homes, more of the elderly are admitted from hospital (see Table 4).

Secondly, the differing reasons for admission relate closely to the differences of the admission process in the two countries. The admission process in the two countries is quite different in that the wishes of the family are apt to be more respected in Japan than the personal decision of the elderly person: on the other hand the personal decision of the elderly man or woman is more respected in Britain. To respect the personal decisions of elderly people going in to residential homes is to recognize the importance of the admission process. Still more, recognition of the importance of admission process is to respect the continuum of life of the elderly before and after admission.

Table 4 Previous accommodation of residents in local authority homes

Previous accommodation	Percentage of residents in each category
Sheltered housing	2
Other housing-living alone	24
Other housing-living with others	21
Hotel/boarding house or lodging	3
Another residential home	19
Hospital	30
No settled residence	1
Total	100

Roger Clough, *Old age homes*, 1981

The new ideas and practices in residential care which have been emerging in Britain, that is, “key worker”, “introductory visits” and “trial stay”, and also encouraging elderly people to bring as many “personal possessions” as possible into residential homes, are closely aligned with the dominant values in Britain.

Thirdly, the impact of these different dominant values are not only confined within the sphere of the admission process, but some important differences emerge concerning home size, life space and daily home life also.

The size of the residential home for the elderly is relatively smaller in Britain than of Japan. In Japan, the minimum number of residents is prescribed by the statutes as fifty. The bedroom in the nursing and residential home is shared largely by four or five residents, though single and double rooms are provided in home for a moderate fee. More importantly, the privacy of the resident is better respected in Britain and new ideas and practices of “option”, “choice” and “risk” have also been emerging. On the other hand, the privacy of the residents is liable to ignored in Japan, and ideas of option, choice and risk prevail even less.

What relationship can we find between the dominant value of interdependency and the lack of privacy, choice and risk in residential homes in Japan? The reason may be that the residential home for the elderly is looked upon largely as a substitution for family, and as in a Japanese family emphasis in a residential home is apt to be laid much more on the group than the individual. Because of the emphasis on group living in residential homes, the individual resident tends to be expected to conform with the group. In brief, the principle of interdependency runs through the residential home life too.

Finally, it may be said that the differences in dominant values lead to psychologically different impacts on the elderly at admission which in turn have a close connection with the differences in residents' facial expressions.

For the elderly in Britain, admission to a home means the inability to cope with daily tasks of living in the community, that is, loss of independence. The loss of independence means psychologically a deprivation of one's dignity and pride. What in more, according to ethics of protestantism the loss of independence signifies individual failure. My impression was that the facial expressions of the elderly in the homes were somehow severe and indicated a strong sense of loneliness. Compared with the residential home life in Japan, the residential home life in this country is very quiet and peaceful. I had the strong impression that each elderly person remained in his or her own orbit, cautiously leaving space between other orbits so as not to collide with each other.

In contrast, for the elderly in Japan admission to a home means desertion by one's family. The subjective experience of the elderly of being deserted by one's family awakens a feeling of shame, not of failure. Elderly persons living in a residential home in Japan feel loneliness too, but facial expressions do not appear so severe. The reason could be that because of the emphasis on group living in residential homes, loneliness of the elderly is more easily mitigated.

In Japanese residential homes, the elderly are encouraged to participate in group activities such as choirs, music-making, calligraphy and composing "haiku" and so forth. These group activities ease their loneliness too. Unlike residential home life in Britain, Japanese residential living is not quiet, but noisy, and human friction between residents is likely to occur quite regularly.

(5) The residential homes in the two countries are now confronting many problems. Many writers have referred to the problems which residential homes in Britain are confronting. Therefore, avoiding reiteration I would like to describe only some of my personal impressions.

My personal impression is that residential homes in this country seem to be facing problems, for example, cutdown of budget and full-time staff, and the gradual increase of private homes. Coupled with the problems above-mentioned, residential homes also face other problems relating to care for the elderly mentally infirm. It seems to me that care for the elderly mentally infirm will become a more serious problem in Britain not only in the field of residential care, but also in community care.

The residential home for the elderly in Japan is faced with many problems too. As I have indicated, the size of residential home is larger. Because of this many residential homes have been compelled to be built in areas remote from towns. This often results in segregation of residential homes from the community. The problems is not confined to segregation. As indicated, because of the emphasis on the group in residential home, institutionalisation is likely to result. Also, relating to the emphasis on the group, privacy, option and choice, and risk are liable to be ignored.

The above-mentioned problems will become increasingly evident in Japan in the near future, because social values are now gradually changing and diversifying. Accompanying such social changes the residential home will be obliged to adapt to the changing social

environment.

In concluding this chapter, I believe that the time is ripe for Japan to learn from new British thought and practice in the field of residential care, as well as inheriting the strengths of Japanese residential care.

### 3 EDUCATION, TRAINING AND QUALIFICATION OF SOCIAL WORKERS

(1) Regarding the education, training and qualification of social workers, I should also like to describe some of my impressions relating to the differences between Britain and Japan.

In this case, however, it is not comparison of differences between existing developed patterns as I described about the domiciliary services and residential care in two countries. As far as this theme is concerned, I must ask why Britain has developed so comprehensive an education, training and qualification system, while on the other hand Japan has remained underdeveloped in these respects, that is, a comparison between a well-developed and non-developed training and qualification system.

(2) Table 5 would be useful to understand the different stages of development in training and qualification in the two countries.

From Table 5 it can be said that the training and qualification of social workers in Britain have been developed cumulatively from A and have now arrived at D. In contrast, it is no exaggeration to say that training and qualification in Japan still remains at A. Let me describe the developmental stage A in Japan in a little more detail.

First, neither a statutory council such as CCETSW has been developed, nor have regulations and guidelines for training and qualification been instituted in Japan.

Secondly, though about forty-five schools belong to the Japanese Association of Schools of Social Work as official member schools,

Table 5 The development of cumulative requirements for social work practice and their implications and effects

A. CUMULATIVE REQUIREMENTS	
Personal attributes; basic education; relevant/other experience.	<b>A</b> No formal training or qualification. No national or practice-wide standards.
Formal training, some statutory, some professional accreditation of courses. Professional accreditation included vetting of practical work placements.	<b>B</b> Pre 1971-various qualifications. Qualifications not required for practice.
All formal training courses under control of statutory accrediting body-CCETSW. <b>No more vetting of practice placement.</b>	<b>C</b> From 1971-one qualification-Statutory CQSW accreditation of training. <b>From here onwards licensure possible.</b> Qualifications still not required for practice
Two years experience of practice since qualifying required for practice teachers supervising CQSW students.	<b>D</b> <b>Current Developments</b> (some yet to be implemented). Need identified for criteria to select and evaluate practice teachers. Career grades under discussion. New salary structure proposed by NJC. Qualification still not needed for practice.

Madeline Malherbe, *Accreditation in Social Work*. CCETSW Study 4, 1982.

and about 20,000 students are currently studying social work, the organisational base of the Japanese Association is too weak to regulate the social work courses.

Thirdly, a National Association of Social Workers such as BASW, or NASW, in Britain and the United States has not been established, though some professional associations in particular fields do exist separately.

Fourthly, regarding the degree awarded and the qualification given by social work courses, in Japan students on social work courses receive a degree in sociology or liberal arts rather than a social work degree. Needless to say, any qualification such as CQSW (the Certificate of Qualification in Social Work) or CSS (the Certificate in Social Service) in Britain is not awarded. Although some basic requirements for field social workers in public welfare agencies are prescribed by the statutes, these requirements can easily be filled by degree holders in economics, law and social studies

independent of social work courses. Still more, non-graduates can also fill these requirements by more or less three-months short training course.

(3) Why were these differences in training and qualification brought about in the two countries? I would like to explain it on the basis of the following assumptions.

First, it is assumed that if the training and qualification of social workers could be developed cumulatively in a society, the following two conditions must be fulfilled. (a) The shortage of social workers is recognized by many people as a problem which must be dealt with; (b) the consensus or agreement concerning the necessity for the training of social workers is widely prevalent in a society. Assuming that above (a) is a necessary condition and (b) is a sufficient condition for the cumulative development of training and qualification of social worker it may be said that both (a) and (b) have been largely met in Britain, while on the other hand only (a) has been met in Japan.

Before I explain about these differences in a little more detail, I think it is first necessary to distinguish education from training and clarify the use of these terms in this essay.

In my opinion, education and training are different in that education is not necessarily aiming at professional discipline, rather it aims at instilling more general and more basic knowledge; on the other hand, training aims at helping people to acquire more limited skills and knowledge for more specific tasks. Needless to say, it is possible that education and training run parallel with each other. Yet it may be said that the more a profession has been developed (for example, the profession of medicine and of law), the more education and training are likely to be combined in higher education. If so, considering the differences in education and training for social workers in the two countries, it may be said that the general tendency in Britain has been towards recognising the integration of education

with training, particularly in the courses leading to CQSW (the Certificate of Qualification in Social Work), though the courses leading to CSS (the Certificate in Social Service) are characterised by a greater emphasis on training. In contrast, a great emphasis has been laid on education in social work courses in Japan.

(4) In the previous section I maintained that both conditions (a) and (b) have been met to a considerable degree in Britain. In this respect, evidence can be found in many Government Committee reports which have strongly influenced the development of training and qualification in Britain. For instance, taking the Younghusband Report, the Williams Report and the Seebohm Report, each of them has consistently pointed out the shortage of staff and at the same time repeatedly insisted on the importance of training for social workers. On this basis, it can be deduced that the consensus concerning the shortage of social workers and the necessity for training has steadily increased in Britain.

Let us turn to Japan. As can be easily inferred from Figure 2, expansion of social services, particularly the rapid increase of residential homes, has occurred with the recent rapid growth of the Japanese economy which in turn has resulted in a rapidly increasing shortage of social workers, particularly in the field of residential care. What is more important is that the rapid increase of residential homes and shortage of residential workers has occurred in a shorter time-span than in Britain.

However, with regard to the second condition, that is, sufficient consensus concerning the necessity of training for social workers, it is unfortunate that this has been hindered by the following factors. First, it is not long since social work was introduced, mainly from the United States. What is more important is that, as I outlined in the previous chapter, a dominant value in Japan has been a tendency to emphasise interdependency and group orientation. In this cultural environment, a set of values which is incorporated in the social work



profession — respect of privacy, confidentiality, acceptance, self-determination and so forth — could not root sufficiently in Japanese society.

Secondly, social work (strictly speaking, casework) which was introduced from the United States after the Second World War had the characteristic of a psychoanalytic orientation. Therefore, the introduction of such casework to Japan was strongly criticised, particularly by people who placed more emphasis on the importance of expanding social policy in the social context of the poor economic and social conditions of people in Japan after Second World War.

Thirdly, casework was also strongly criticised by those people who held the Marxian perspective on welfare, which maintained that casework was dangerous in dissolving social problems into private problems.

Finally, a National Association of Social Workers such as BASW, NASW, which have performed important roles in the training of social workers in Britain and the USA, has not been established in Japan.

For the reasons mentioned above, it can be concluded that sufficient consensus concerning the necessity of training social workers has been slow to be established in Japan.

(5) What conclusions can be drawn from the different combinations of the two conditions (a) and (b)? The result has been a divergence in the processes for solving shortage of staff in Britain and in Japan.

To sum up briefly, Britain has chosen to cope with the problem by strengthening the training programmes of social workers and also by arranging the award of the qualifications of CQSW and CSS through co-operation between CCETSW (which has the responsibility of regulating the training of social workers) and the educational institutions in higher education. In contrast, Japan has chosen an alternative method to cope with the problem, not by strengthening

training and qualifications, but by recruiting a large number of non-trained and non-qualified personnel emphasising the importance of personal attributes of staff.

Furthermore, the different solutions adopted in each country have resulted in significant variations in the social work courses; in Britain, social work courses have combined education with training, while in Japan, social work courses have been characterised by a mainly educational emphasis. I would like to explain the characteristics of social work courses in Japan by citing some examples.

First, there are neither regulations nor guidelines concerning the fieldwork placement in social work courses. As a result, the programmes of practice placement vary from school to school. In quite a number of social work courses, the practice placement is not compulsory, but optional. Furthermore, the number of hours allocated to the practice placement is very limited (the average of total time allocated to a placement may be three or four weeks).

Secondly, because there are no regulations and guidelines which accredit social work course, the curriculum structure varies from school to school though some loose standards are indicated by the Ministry of Education.

From the above description, it can be readily concluded that social work courses in Japan are not combined with training, but have a mainly educational focus.

(6) The different approaches to cope with the shortage of staff have brought about different problems for each country. For Japan, although the problems of staff shortage have largely been relieved, the problems of training and qualification of social workers still exist. It may be said that the development of social services in Japan has so far been based on quantity rather than quality and hardware rather than software.

Corresponding with the diversification of values, however, and changing recognition concerning the importance of training and

Residential Care and the Training and Qualification of  
Social Workers in Britain and Japan: Some Comparisons

qualification, I believe that developing highly qualified social workers by raising the standard of education and training should become an urgent task in near future for Japan. Japan has much to learn from the experiences of Britain, which has itself developed a comprehensive training and qualification system for social workers.

Britain also faces many problems which are different from those of Japan, and there are now proposals for a unified qualification for social workers. I shall not repeat here the problems which confront the training and qualification system in Britain. I will conclude this chapter by stating my personal view on the education, training and qualification of social workers.

In my opinion, neither education without training nor training without education is enough. If this is correct, it can be said that education and training must be firmly combined not only in social work courses, but also in developing a basic qualification for social workers.

In concluding this essay, I should like to quote from a book which is relevant to the theme of this essay, and contains many suggestions not only for the future form of social work in Britain, but also in Japan.

"The individualism of the past was associated with charitable origins of modern social work. The present and future form of individualism is firmly tied in with socially oriented values which key into concepts of interdependency in society"

(Ronald G. Walton, *Social Work 2000*.)

## ACKNOWLEDGMENTS

I am grateful to Dr. Ronald G. Walton, the Director of the School of Social Work, for kindly allowing me to stay and study at the School of Social Work, University College, Cardiff, from July 1984

until February 1985, and also for his many valuable suggestions and advice. I learned much from him.

My many thanks also to Miss Doreen Elliot, Mrs. Liz Pitman and Mr. Richard Jones for their kind help and advice. Throughout my stay at the School of Social Work, Mr. David A. Fowler, Dr. Ian Shaw and other staff, including the secretaries of the School of Social Work, have kindly offered support. To all of them, my sincere thanks.

I appreciate the kind help and advice of Mrs. Ann Barnes, Mr. John Morgan and Mr. Seager and Mrs. Doreen Jacobs who are social workers in the Social Services Department, County of South Glamorgan. Thanks also to Mr. Drew Reith of Dr. Barnado's, Mr. Bill Pearce of the Royal Infirmary and Mr. Peter Stanford of the Whitchurch Hospital, and also to the officers-in-charge of residential home and day centres in Cardiff.

I appreciate the kind advice of Miss Enid Wright of CCETSW in London, and also of Mr. Chris Payne of the National Institute for Social Work.

Many thanks to Miss Belinda Jones, the officer-in-charge of Southway Home for the elderly for allowing me to stay at the Home for three days, and also thanks to the care staff and residents of Southway Home.

Finally, I should like to express my appreciation to Mrs. Pam Walton. On a more personal level, she has kindly offered me much support and encouragement. She has also helped to improve the English draft of this essay.

February 1985

J. M