



SPECIAL FEATURE:
REFLECTIONS ON COVID-19

**COVID-19 IN JAPAN, PART 2:
THE IMPACT ON SOCIAL
FOSTER CARE LEAVERS**

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COVID-19 in Japan, Part 2: The impact on social foster care leavers

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Abstract

The global spread of COVID-19 has greatly impacted society worldwide. People are unexpectedly finding themselves being forced to live differently than they are used to, especially those in vulnerable positions. In particular, care leavers who have left social foster care and live in the community are encountering difficult situations both financially and mentally without having parents or other family members to rely on. The results of questionnaires and interview surveys with care leavers suggest that it is necessary to expand the consultation support system for care leavers and to provide support to prevent isolation. It was also confirmed that the expansion of multiple and diverse financial support is an urgent issue.

Keywords

COVID-19, social foster care leavers, support for care leavers, Japan

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Introduction

The global spread of COVID-19 has greatly impacted society worldwide. People are unexpectedly finding themselves being forced to live differently than they are used to, especially those in vulnerable positions. In particular, care leavers who have left social foster care and live in the community are encountering difficult situations both financially and mentally without having parents or other family members to rely on. In Japan, compared to Scotland, there is a lack of measures for aftercare and life support for care leavers. Therefore, society as a whole should consider the issue of support for care leavers, in the wake of the COVID-19 pandemic. In this paper, we discuss the current situation of and future challenges for care leavers in the midst of COVID-19 in Japan.

The names of the research respondents have been changed to protect their privacy in case 1 and case 2.

The actual situations of Japanese care leavers and the impact of COVID-19 on their lives

Many care leavers in Japan face unstable employment, as they are mostly employed in part-time jobs. Some of them have mental health problems due to the effects of harsh childhoods, such as abuse and neglect from their parents. Without the safety net of family members, care leavers are vulnerable to social influences, and it can be inferred that they are economically, mentally, and physically poor. Amid the government's declaration of emergency due to the spread of COVID-19, the non-profit organisation Bridge for Smile conducted a survey on the actual situation of care leavers in terms of life and work in April 2020; 69 individuals responded.

The survey showed that about 50% of the respondents were working (including regular staff, contractual/temporary staff, part-timers), 35% were students, and 13% were unemployed. Regarding the work situation of workers and those who were scheduled to start work from April, 'I am not working, staying at home' was the most common response (35%), along with 'I am reducing the number of workdays and hours'(13%), and 'I was laid off' (2%). In total, about half of the

respondents lost their jobs or have had reduced work hours in some way. However, 15% of the respondents were 'busier than usual,' depending on the type of job. Regarding the mental aspect, 56% of the respondents were 'slightly depressed' or 'terribly depressed.' In other words, the majority of the respondents answered that they were 'depressed'. Those who were most affected by the loss of income were part-time workers; 75% of part-time workers reported that they predicted some sort of income decline in April. The most common amount of reduction predicted was 50,000–70,000 Yen. In addition, 30% of full-time employees predicted that they would lose their income.

The reasons cited by respondents as causes of worry were the following: 'I have lost my income'; 'I have no work, so I cut my savings and living cost'; and 'I spend more time at home, so I have to pay for utilities.' Thus, financial problems were the biggest cause of concern for care leavers. On the other hand, those who became busier with work strongly complained of 'the burden and anxiety resulting from having to work and being at high risk, while many people are staying at home safely'.

With respect to the type of information they needed the most, 'information on financial support,' followed by 'free services for enjoying home life', ranked the highest. The results of the survey showed that young people while feeling a sense of dread is still seeking fun in life.

'Cash and goods' accounted for the largest proportion (40%) of requests for aid from Bridge for Smile, but there was also a high need for communication, such as online individual consultations and dinner parties. There were also statements such as 'I cannot rely on my parents' home, I do not feel supported by anyone', and 'I feel lonely in an emergency like this'. Thus, there is a high need for communication support to prevent feeling lonely.

Case 1: 'Naomi' (a university student)

Naomi left the children's home (social foster care home) three years ago and attends university while living alone. When she had to decide on whether to enrol in a university, Naomi could not rely on her parents for financial aid and

encouragement at all. She was also repeatedly dissuaded by the care staff, who said, 'Once you get a job, save money and you will be able to go to a university with your own money'. However, she was beset with a strong desire to become a university student and enjoy her youth, so she dismissed the staff's opinion and went on to university. Fortunately, she was able to find, apply for, and receive multiple scholarships. More than half of them are 'loan-type', which means scholarships that require repayment while working.

The year 2020 is her third year of university, and an on-site training programme during summer is required to obtain a childcare worker qualification. Part-time jobs during the training period are prohibited, so she planned to increase the number of part-time jobs she held during spring vacation to save money systematically until the summer vacation when the training would commence. However, the number of days allowed to work part-time was reduced in February, two months before the declaration of emergency. Feeling impatient, Naomi increased the number of part-time jobs at the convenience store during the night and worked hard to find other financial support such as benefits.

When a state of emergency was declared in April, Naomi was dismissed from her part-time job at a daytime restaurant. With that, she lost her source of income and was at a loss. During this time, her biological mother contacted her, saying, 'I would like to borrow your money because my life is hard'. Naomi was conflicted because she had never received any parental support from her mother, but Naomi gave the money to her mother. From that day on, she started to support her mother. Naomi can afford only one meal per day. She thought about going to the children's home where she grew up, but she could not do it because she had been strongly dissuaded from going to university. Eventually, the university that Naomi attended established its own 'emergency benefit' system. The system was an allowance that would be distributed to students until the return to normal life. Naomi is now aiming to manage both practical training and online lessons at university using this system.

However, the process of applying for this emergency benefit was very stressful for Naomi. At the time of filling out the application, she was forced to reveal the details of her family and life history to her university academic advisor. This is

because the application form had to be filled in by the academic advisor and not by the students themselves. 'I came to the university to study. I wondered why I had to tell my academic advisor all my personal information', she recalled. 'I was worried about what I should do if my relationship with my academic advisor became worse because of my past and present poverty'. 'Further, I felt that my life had been stripped naked. It was hard to share the pain of this process with my friends, family, and anyone', she recalled.

Case 2: 'Tomoki' (employee at a nursery)

Tomoki was enrolled in an orphanage shortly after birth. He lived there from the age of one to three years, and in a children's home from age three to 18 years of age. Until now, Tomoki has been unable to contact his family and relatives. He left the children's home six years ago and got a job. He rented an apartment near the children's home and visited the home every week to talk to the staff and seek advice. However, after the declaration of emergency due to COVID-19, even care leavers were forbidden to enter the children's home because they were 'outsiders'. Therefore, when he wanted to talk to the facility staff, Tomoki had to call in advance to make an appointment and meet outside the facility, or simply communicate through phone call or email. 'I lived near the facility because I wanted to go there not only when I wanted advice, but also to be able to talk freely, so it was tough when I could not do that', he recalls. Tomoki was also unable to go out to eat or play with friends. He thought that if he contracted COVID-19, it would upset his colleagues, so he decided to live a self-restraining life.

During the state of emergency, his girlfriend had a birthday celebration. She wanted to meet him and celebrate, but he refused, which resulted in his girlfriend breaking off the relationship, which saddened him more. Tomoki gradually became lonelier and started to communicate with his friends through online competition games and online drinking parties, which he earlier refrained from indulging in. As a result, communication costs and electricity bills, among others, increased, making life a little more difficult. With his income reduced due to the effects of COVID-19, it was very difficult for him to balance his emotional state and money management. Further, he had been taking psychosomatic

medicine for insomnia when he was in the facility, but he could not go to the clinic as he worried about contracting COVID-19. Tomoki consulted with the staff of the facility, but they only advised him to go to the hospital. He knew he should, but he could not. He realised that during crises he had nobody to consult or rely on, and he had to fend for himself.

Discussion of the two cases

One of the difficulties that both Naomi and Tomoki face is the lack of people to consult and confide in. Naomi felt that she could not go to the facility where she grew up because of her strained relationship with the staff. Tomoki was able to visit the facility casually up until the start of the COVID-19 pandemic, but he could not do it after the emergency declaration, and his mental stress increased.

Thus, it can be seen that there is an urgent need to provide support for continuous connection to avoid feelings of isolation. Examples of such support systems include chat rooms and online salons that anyone can use not only when they need advice but also when they simply want a person to confide in. Second, many individuals have experienced a loss of income due to the COVID-19 pandemic. Although care leavers with family members or relatives may be able to rely on them temporarily, those who do not have the safety net of a family need special public support measures in such an emergency. The COVID-19 crisis has reaffirmed the importance of 'support to prevent isolation', 'the importance of keeping in touch and connection', and aftercare for care leavers. The situation highlights the importance of a support system, which has always been lacking. The COVID-19 crisis can be the trigger to give serious consideration to support for care leavers in society as a whole.

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