

Training for all staff members at Suisen Fukushikai

Lecture

The Characteristics of Modern Social Welfare

Lecturer: Mr. Shigeo Okamura

Professor Emeritus at the Osaka City University

Director of the Osaka City Social Welfare Training Center

<Opening Speech>

Hiroshi Matsumura, President of *Suisen Fukushikai*, a social welfare corporation

Today I will introduce Professor Shigeo Okamura who is very famous and perfect for the first lecture for all staff members at our corporation, because some of the younger people might not know him.

He is one of the most noted social welfare theorists in Japan. When we were young, debates about social welfare theory; “What is social welfare?” were frequent. Famous theories such as the ‘*Shimada Theory*’ by Keiichiro Shimada from Doshisha University and the ‘*Takahashi Theory*’ by Shoichi Kohashi from the Osaka Shakai Jigyo Tanki University were in circulation at that time, as well as the ‘*Okamura Theory*’ by Prof. Okamura from the Osaka City University.

Mr. Okamura published many books. His first book, “Social Welfare Studies,” was probably published around the late 20’s or the early 30’s and is the most famous, read by many students in the welfare field. After leaving university, Mr. Okamura became the president of Osaka Shakai Jigyo Tanki University. He is now a professor emeritus at the Osaka City University and director of the Osaka City Social Welfare Training Center after retiring as the president.

It will probably come as a surprise that he is 85 years old, because he looks a lot younger. Men usually become weaker once they pass the age of 80, but he is still mentally and physically hale and hearty. I think this is evidence that profound thinkers don’t become senile.

We decided to set up the Kazenoko Sodachien Guardians Association and asked him to be its president, so he undertook this job.

Our corporation needs to do a lot of work from now on. Now, as the next step of *Kazenoko Sodachien*, we have a plan to establish a vocational training center and an occupational welfare center. Establishing a residential care center for people with intellectual disabilities is also under discussion. With this in mind, we anticipate Mr. Okamura’s strong support for our Guardians Association and various pointers regarding different things.

Today, he will talk about “Welfare”, but it doesn’t mean that you need to understand difficult welfare terms or ideas. The important thing is to have a definite goal as a welfare worker. We would like you to grasp the heart, or perhaps I should say the philosophy, of welfare. And now, here is Mr. Okamura.

Lecture: Shigeo Okamura

The topic is “The Characteristics of Modern Social Welfare”.

The term, “Modern Social Welfare” doesn’t mean “the general practice of Social Welfare in our time”, so I would like to talk about the meaning of the term, “Modern Social Welfare”.

Modern Social Welfare -The Progress of the System-

When you look at the global system of social welfare, it was first composed in the U.K. in the mid-19th century. At first, it started as poor relief, then it became a protection project, then a welfare nation and then a modern social welfare system; consisting of 4 steps.

1 . Poor Relief and the Principle of Less Eligibility

To put it simply, poor relief was created as a public system. If you look at it in terms of its principles in dealing with a target group, the regime which was managed under the “principle of less eligibility” was named “poor relief”. The “principle of less eligibility” is that the conditions of living of individuals who claim poor relief; in other words, the conditions in workhouses, should be worse than the conditions available for the poorest laborers. Poor relief was managed under this principle.

The Legal Aid Act was created in Japan in 1929. This new law was based on the “principle of less eligibility”. It was under effect until around 1950, when the current Public Assistance Act came into effect.

In the U.K., Poor Laws were passed in 1848. Laws with this kind of principle came into effect in Japan much later, in the 20th century. Those of you listening today probably don’t know the pre-war period, but the “principle of less eligibility” formed the thinking behind pre-war social work. When we look at the data from around 1938, public aid (what we now refer to as welfare benefits) under the Legal Aid Act was about 40% of the income of the average worker because these benefits could not exceed the conditions of laborers outside the workhouse, who were working hard to try to pay the bills. Within the workhouse, people obviously lived at a very low level compared to the average level of general workers.

The reason for this was that if people who didn’t work received better treatment, everyone would want protection from poor relief and end up not working. It shouldn’t be that way. To quote an old saying, “Social service fosters lazy citizens.” Which means that it is wrong to give money to people who don’t work, or that people who live on someone else’s money are reconciled to a lower standard of living.

And by the way, it took a very long time for the so-called Legal Aid Act to come into effect. The government had submitted a bill every year since 1892 when the Diet was elected, but had lost the vote every year. This was because it was said to create lazy citizens. It was voted down many times and finally the Legal Aid Act was enacted in 1929. However, the government hadn’t created a budget for it, and so even though the Act was passed, its development was slow. District welfare officers from the government gathered at the park in Nijubashi, Tokyo and held a national convention. They appealed directly to the emperor because it was no good trying to speak to the Finance Ministry. And then, the Finance Ministry quickly budgeted for it. It was adopted in December, 1928, and the law was passed in 1929. However,

there was no budgetary support, so was only implemented 3 years later in 1932. Such cases exist. In any case, the government was very reluctant to admit the “principle of less eligibility”. That’s why Japan is called a developing country in terms of welfare, when compared to other countries. It’s almost 80 years behind. The law was made in 1848 in the U.K. and 1930 in Japan.

Under this law, aid was only given in three areas: livelihood aid for every day sustenance, medical aid for free medical care, and childbirth aid. The current Public Assistance Act consists of 7 areas of public aid. For example, in cases where a person has a child, they would receive aid to provide the child with food. However there was no financial aid for sending the child to school. Now we have educational aid. Therefore, children from families receiving public assistance couldn’t go to school, and so the number of adults who couldn’t write their own names increased. If an adult couldn’t write their own name, they couldn’t be a qualified worker. Because of this, many people couldn’t become workers, so they had to receive Legal Aid. It basically failed, because although the Legal Aid Act was created to solve poverty issues, on the contrary, it reproduced the poor.

2 . Welfare Reforms and the Principle of Rehabilitative Care

England implemented welfare reforms based on a new idea, because the previous one didn’t work well. The difference between welfare reforms and the Poor Law was the adoption of a new principle, called the “principle of rehabilitative care”, as the “principle of less eligibility” was wrong. So welfare reforms were developed. Rehabilitative care aimed to remove the direct cause of the poor falling into the further poverty. For example, if a person with physical disabilities can’t work, they receive living expenses under poor relief, but under the welfare reforms, in addition to this, they receive rehabilitation, career guidance and job training. They can then work as a regular person. In Japan, the Public Assistance Act offers this sort of welfare service.

In England, they abolished the Poor Law, adopted the principle of rehabilitative care and started welfare reforms around 1906. We started the Public Assistance Act in 1950, after WW II , so we were still 50 years behind. Rehabilitative care was also conducted in prewar Europe. The idea was to assist the poor in becoming regular members of society while offering rehabilitation and education in order to keep them from being idle and to remove the source of poverty.

However, a defect of the principle of rehabilitative care was the segregation of the poor from the general public in order to assist them. It was not created for the general public. The government selected the needy and took care of them. When they considered the source of poverty, they focused on the impairments of the individual such as physical and mental disabilities, when in actuality the source was social; there were flaws in the system so that only a few people received medical aid and there were many people who couldn’t afford medical care or education. They turned a blind eye to those people, and only dealt with those who were a public charge. People on the borderline of poverty were a problem in post-war Japan also. There were many people who didn’t receive welfare and lived almost the same standard of living as people who received welfare. There were said to be about 10,000,000 of them.

Therefore, focus shouldn’t be on individual causes. It seems that there were numerous people who were struggling to live because of flaws in the system. For example, jobs couldn’t be found because of the recession, income didn’t match the rise in inflation, or they couldn’t receive welfare even though they were poor. The public opinion criticizing these reforms that ignored social causes arose in England.

3 . The Welfare State and the Principle of Universal Provision

This welfare system was internationally criticized at the end of the 1930s. People were often discriminated against because they received welfare. This welfare system was criticized based on the fact that it provided treatment that was selective, and ignored social facts. There was an outburst of public opinion that national poverty not only refers to a selection of people, but a large number of people who are struggling to live, so the reputation of welfare under the Public Assistance Act worsened. From the end of the 1930s, workers raised their voices against welfare. People strongly pushed for a system which considered all citizens in order to solve the issues of poverty and disease.

The British Welfare State ran under the principle of universal provision. During the war, there was a strong public opinion that the government should halt selective treatment and created a system of “universal provision”, to resolve the difficulties of all the people under their responsibility. In 1942, a famous document called the Beveridge Report was created in the founding of this welfare state. It proposed a welfare state that included all the people.

The central idea of this report was that the government should be responsible for issues such as want, disease, ignorance, squalor, and idleness. Beveridge said that these were the five “Giant Evils” which modern society should address. The report stated that the government must undertake measures that targeted the five giants for all the people. The British government implemented various measures against the five evils in response to this report. For example with regards to want, the government guaranteed a minimum standard living for all citizens under the social security system. The government took responsibility for the livelihood of all its citizens. With regards to disease, people could receive free medical care under the National Health Service. For ignorance, there was a free education system. People could attend from elementary school to university for free. Until then, only the aristocracy could attend university in the U.K., but now anyone could go to school for free through this system. And for squalor, a housing policy was implemented. The government took responsibility, changing squalid housing into clean public housing and subsidizing the rent. As for unemployment, they created a full employment system so that anyone who wanted to work could work.

Beveridge said that the government which took responsibility for the livelihood of all the people based on these five measures was called a “Welfare State”.

Until then, the role of the government was to maintain social order, protecting national property and national security under a police state. He suggested reconsidering the role of the government as a service provider. This started around 1942.

In Japan, we created a belated National Pension System in 1960. Pension had previously only been for government employees, but public pension covered all citizens. Health insurance was also only provided for workers, but the national health insurance covered all people including workers. Even though it was not enough, reform to the system of social welfare addressed for example want and disease for all the people and led the way to a welfare state.

4 . Modern Social Welfare –Liberalism and Communitarianism

However, this social welfare itself received global criticism in the 1970s, and a “Modern Welfare State”

was born against the original welfare state. That is, modern society has ideas to modify the various defections of the welfare state through all kinds of methods.

Now in Japan, there is criticism against the welfare state, with modern social welfare being addressed in neoliberalism in America and Europe and within the welfare mix theory by the government. The criticism is that when the government takes responsibility for each citizen's livelihood, they take away their freedom and interfere with their independence and liberty.

For example with medical care in a socialist country, the health service is run by the government. All doctors are national government employees and community health is their responsibility as a government employee. In that case, a patient cannot choose their doctor, and they have to go to the nearest clinic in their community even if the doctor is a quack. Even if they think another doctor from another area is better, they cannot go there. In short, a health service run by the government results in a loss of individual liberty.

In the U.K., there is a National Health Service, so the individual can choose a doctor freely. Therefore even if your neighbor is your local doctor, if you don't like them, you can go to another doctor in another area. Here there is some allowance for the individual's liberty.

Also, in a socialist state, the individual is not permitted to save money for their old age. However in the U.K., the minimum standard of living is guaranteed, and citizens have a right to a better standard of living by using their own money. Money saving and life insurance are also allowed.

A Marxist economist in Japan criticized that a welfare state was an extension of capitalism, and allowing for life insurance companies was to have a hand in capitalism. There were many specialists saying this. There were also many professors saying this in my university, Osaka City University.

Some people said it was a rebound of the welfare state, but the welfare state is supposed to plan for measures in order not to control the lives of all people. Russia has had a socialist system since 1917. From his report, you can find that Beveridge was against the idea of not allowing for the individual's liberty and made strenuous efforts to think about how to neutralize this. However, within the system of the welfare state, the government takes responsibility and so creates many laws. The officials provided welfare under these laws, and it was criticized as being a welfare state bureaucracy. There was criticism about this kind of welfare, because it would be controlled by bureaucrats. The criticism was against the welfare state bureaucracy which doesn't recognize individual's liberties and does not approve of active citizen participation. Then, liberalism (or neoliberalism) came about, which removed this.

In Japan, there is a government-controlled agency, the Administrative Reform Council, which services neoliberalism. In liberalism, the individual's life is left up to them. The government protects only those particular people who can't do things by themselves. This is the way of welfare. The Administrative Reform Council said that social welfare was a service for socially vulnerable people who couldn't live by themselves. In ideological terms, it is neoliberalism. That is, the revival of welfare.

On the other hand, there was an opinion that the negative effects of a welfare state were due to bureaucracy, so citizen participation in the management of welfare was seen as necessary. This could be referred to as neo-communitarianism; a cooperative union. For example, in Sweden, residents created Parliamentary Ombudsmen who constantly monitored the public authorities. This was called the Ombudsman system. Public advocates could offer opinions regarding the mechanical and one-sided method of public authorities. That is to say, though the government took responsibility in supporting the lives of all the people, there were negative effects of welfare in which citizen opinions were possibly

ignored due to citizen participation in welfare.

The second criticism against welfare state was corporatism or a cooperative state. These new movements began primarily in Sweden, the Netherlands, and Austria. That kind of movement also took place at one time in Japan, so I presented my opinions at the General Social Research Center. I presented and discussed a theory of social welfare in communitarianism.

Serious criticism also arose in the U.K. The situation was that key industries were nationalized and since the U.K. became a welfare state, all workers consisted of government employees. Then, labor union became really strong, and the individual made remarks on the side of the union. Interests clashed between the labor union and those who thought differently. In that situation, the statements made by the labor organization, the union advocacy, stood out. Robson said of the situation that not a single day passed without a strike, and for example, when the cleaning union went on strike, the whole town was covered with garbage. When the harbor union went on strike for 1 or 2 months, there was luggage everywhere, and it was unmanageable. So the government adopted a welfare state bureaucracy. This was stated in Robson's "Welfare State and Welfare Society" book. I recommend that you read the translated version.

It concluded that this happened because the welfare state was not founded on a welfare society. After the welfare state, neoliberalism, corporatism, and a participation society came about. Compared to Japan, the U.K. placed strong emphasis on Resident Welfare Associations in each community. This is only one part of it.

In any case, criticism towards the welfare state has been ongoing since the 1970s. The idea was to go back to the old system, towards liberalism. Even now, there are people in the Administrative Reform Council who think money spent on welfare is wasted. For example, even with issues regarding the elderly, there are some people who say, if we continue to increase pension, it will increase the burden on young people while burgeoning elderly population. Eventually the incentive for young people to work will decrease and it will have a negative impact on economic development. This is a view founded on liberalism. I feel they tried to suppress welfare.

5. Social Welfare Issues -Its Inherent Nature and Its Necessity-

However, I think differently. Though in reality, it is important whether we head towards liberalism or communitarianism. I am more concerned about the role of a "Modern Social Welfare" from the position of a researcher, over issues regarding policies. I would like to reconsider what social welfare essentially is.

I'm saying we need to think about its "inherent nature" and the "necessity" of social welfare; to clarify what social welfare is in theory, and whether it is really necessary. Now there is a need to clarify the meaning of "inherent nature" in social welfare. It is not a system such as social security, medical care, or education, but is an original and specific field of its own. The other thing is "necessity". We should make clear that social welfare is an absolute necessity, and not a non-essential system.

Both liberalism and communitarianism are reasonable, but the most ambiguous thing is that we don't know what social welfare is. Therefore, clarifying this is a theoretical issue, and one of the issues of modern social welfare. We get caught up in discussions regarding liberalism, communitarianism, and citizen participation, without seeing the full picture. I believe that clarifying this is most necessary.

When you look at the existing state of social welfare and the work of Japanese researchers, they

haven't actually researched the issues of social welfare. There are many books on social welfare, but none of these books are interesting. They were written by university professors, but all of them are not worth the paper they're written on. The reason for this is that nobody is writing about what social welfare actually is. They go into incidental details such as what we should do about welfare for the aged, because the Ministry of Health and Welfare made an announcement for a plan for the elderly without clarifying the difference between social welfare and social security or medical care. They are getting worked up before they have even established what welfare for the aged is. Japanese people currently have a strong tendency towards this kind of behavior. Recently many books are being published on this topic. Within the many books that I receive, there is maybe one book which looks interesting. The rest completely disinterest me. It's a waste of money and time, because they haven't researched the characteristics of social welfare; the "inherent nature" of social welfare. We have to clarify that. This is the one of the issues of today.

I think we need to give proof of the "necessity" of social welfare; welfare is not a non-essential, so without welfare, society will collapse.

The Issue of Modern Social Welfare

We have been working in this way for 30 years now. So now let's address the second issue of today. At first, I talked about the stages of development since the poor project. What modern social welfare after the welfare state, consists of, is confusing, like I have already stated. Clarifying this confusion is the second issue. Modern social welfare is stage four. What are the issues regarding modern social welfare?

1 . The Inherent Nature of Social Welfare

It's not about medical care or education, so what is social welfare? For examples, after WWII , an academic from New Zealand said "Social welfare is a service that brings into question relationship between the individual and the environment. You might not understand what he was talking about, but it was full of meaning, and I was impressed by this summary. The other day, the United Nations said that one of the initiatives of modern social welfare was to address the difficulties of the relationship between the individual and the system.

With this in mind, I will explain my idea of the "Inherent Nature of Social Welfare". The inherent nature of social welfare is ambiguous. It is difficult to identify whether the system is social welfare, social security or medical care. We have to clarify the role of social welfare and its objections in order to clarify its inherent properties. In other words, we must identify what social welfare is. The inherent properties of social welfare depend on the perspective of those social welfare specialists who observe life's difficulties through a lens or microscope.

Life has many difficulties, it's true. The objective of social welfare was to address some of life's difficulties, but there are many systems in place that have this objective. The government put in measures against the Five Evils which Beveridge said was called the welfare state. The term 'welfare'

was used for a jumble of systems such as medical care, social security, and free legal advice. It emerged as a reaction to the welfare state in 1970. But a mish-mash of ideas is not sufficient. How can we consider what it actually is?

2. Looking at Its Characteristics: The Difficulties Within Social Relations

Each specialist looks at the difficulties of life differently. Social welfare specialists focus on poverty. They are concerned with issues of poverty, where income and outcome don't match up. Doctors will focus on disease. From their perspective, disease is the difficulty of life. Education specialists have the opinion that ignorance is the difficulty of life. So what is the difficulty of life from the viewpoint of a social welfare specialist? This is the issue we should be addressing. Simply, problems regarding social welfare are so accessible. Discovery depends on the understanding of the people involved. Problems are uncovered through the realization that something isn't working. We have to develop this sense of perspective.

So first we look at the difficulties within social relations. Social relations are the relationships between the individual and all social systems. We have various needs in life. There are various systems in modern society to satisfy specific needs. For example, when you get sick, you go to see a doctor. When you lose your job, you go to an employment agency. In the field of social welfare for people with intellectual disabilities, the issue of whether intellectual ability is high or low is for the psychologist or school education to consider. Therefore social relations are about whether we make good use of the facilities or services available. I'm concerned with what is happening with regards to the systems in place.

I told the following story at the SUISEN FUKUSHIKAI Guardians Association general meeting: There are two young men who have moderate intellectual disabilities. I will refer to one young man as *A*. *A* graduated from a school for disabled children, so his father asked the president of his company, "My son has graduated from school and I would like him to work. Could you hire him?" The president said, "You can bring him here. However, you will have to be responsible for him". So his father started to bring him to work. This is his father's workplace, so *A* goes to work with his father. It is a workplace with a president who has an understanding of the situation. When the father is sick, a coworker comes to pick *A* up in the morning. A coworker comes to his house, takes him to work and brings him home. So he can go to work every day without fail. That is, this young man has built a good relationship with others in the workplace.

On the other hand, with regards to another man, *B*, after he graduated from school, there was no one to introduce him to a job. When I said to his family, "Why don't you let him help around the house?" they said, "Well we run a business here, so if he helps our business, customers will leave. Even if he helps with the housework, we'll have to do it all over again, so we don't let him." He doesn't have any relationships related to employment. His family doesn't care about this.

On the one hand, *A*'s family has let him try anything since he was little. They helped him with things he couldn't do, but they also let him try things by himself. This is the relationship that *A* has with his family. On the other hand, *B*'s family thought, "He is stupid and useless." and didn't let him do anything. He wasn't abused, but his family didn't care about him. Even the foundation to his relationship with his family hadn't been established. *A* goes to work, so I guess the neighbors also come to see him in a different light. Some people take him out fishing on Sundays. In this way, friendships and community relations are built. This is completely different from *B*'s situation.

Their IQ is the same, but their lifestyles are totally different. This is because their social interaction such as friendships and relationships within work, family and community are different. Their lifestyle is different because of this difference in social interaction. Therefore, I believe that the difficulties of social relations give birth to difficulties in social life. In life, there are things that are absolutely necessary, regardless of who you are. I use the word, *Seikatsusha* to refer to citizens who have basic needs in order to live.

Below I have outlined seven basic needs:

- 1 . Economic stability
- 2 . Occupational stability
- 3 . Familial stability
- 4 . Medical care opportunities (Guaranteed)
- 5 . Educational opportunities (Guaranteed)
- 6 . Opportunities for social engagement (Guaranteed)
- 7 . Cultural opportunities (Guaranteed)

Any *Seikatsusha* requires that these basic needs are guaranteed. No.1 to No.5 refer to what Beveridge said. The need for social participation is about asserting yourself socially as a member of society. “Cultural opportunities” is a pursuit of a reason for living. Dogs and monkeys don’t pursue a reason for living. We humans demand a reason for living and ask for purpose in life. This is what I refer to as cultural needs. It is extremely important. If we don’t have this, we can’t call it human life.

How can we satisfy these seven needs? If I refer back to my previous point regarding social interaction, we establish social relations within different social systems. For example, people participate in each specific system, and establish social relations by engaging with it. That is a stable lifestyle. If you can’t establish these relations, lifestyle difficulties arise. For example, if despite educational needs an individual cannot go to school, educational difficulties arise. And this becomes a social problem.

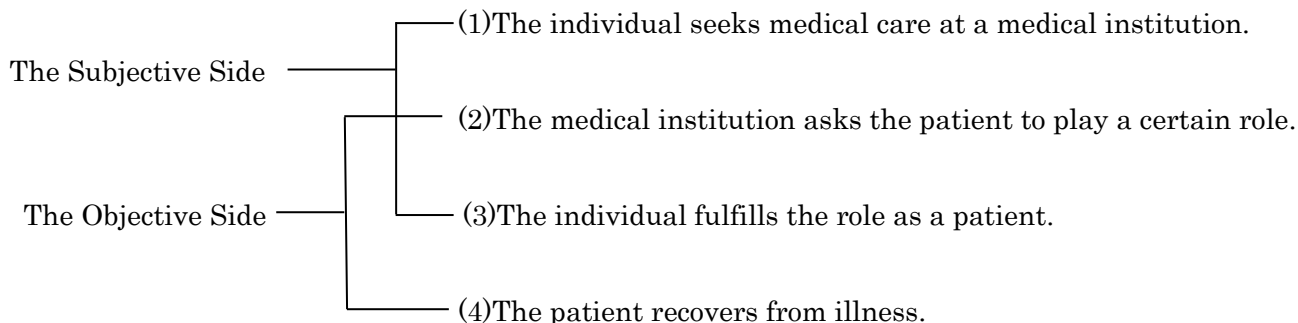
3 . Subjectivity and Objectivity in Social Relations

Our life is stable as long as such relationships are maintained correctly. However, when something happens and a relationship is broken, lifestyle difficulties arise. Social relations become troubled, resulting in a troubled lifestyle. For example, when a person gets sick, they go to a hospital which is a medical institution. In terms of social interaction, this is an individual’s requirement for medical care. However, when you go to receive medical care at a hospital, a doctor cannot always check you and give you medicine immediately. The reality is that medical systems themselves have fixed principles. Under certain principles, medical institutions make demands at individuals such as telling them to stay in hospital or have surgery. When the individual is told to stay in hospital, they cannot always easily submit.

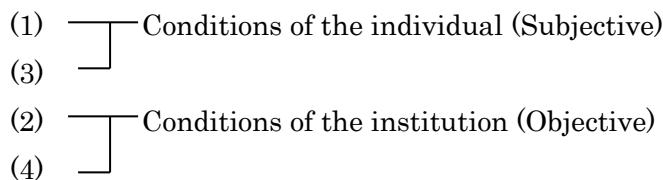
For example, a mother must take into consideration her children at home while an employee must take days off from their workplace. Each individual has various factors to consider. These factors are not taken into consideration within the medical institution. People are asked to play the role of a patient and respond to the demands from the medical institution, which does not take into account whether the

patient has a child, or their marital or working relationships.

The individual cannot easily obey the doctor's orders, because they are restricted by various conditions. They have to change things around in order to do so. Which basically means that recovery from sickness is rewarded only if the individual's conditions are adjusted to match the demands of the institution. This is illustrated below.



Hence



If we take one social relationship as an example, when we look closer, we can see that it is made up of 4 parts. I call this a double structure. (1) and (3) from the individual, and (2) and (4) from the institution; they are very different. (2) and (4) are from the institution, and (1) and (3) depend on the circumstances of the individual. However, there is a gap between these two. A doctor doesn't understand the lifestyle of the individual. The individual doesn't know if hospitalization or surgery is compulsory. That is to say, social relationships seem simple, like one piece of string, but when we look closer, we can see that it is made up of a successful integration of many relationships. There are probably many people who can't stay in hospital as the doctor instructs.

For example, if a mother has a young child, she can't leave her child and stay in hospital. The doctor cannot know her situation. In the double structure, (1) and (3) are requirements of the individual; the subjective side, and (2) and (4) are the requirements of the institutions; the objective side. The relationship is called a double structure, because it is heterogeneous.

4. Subjective Support

Social welfare keeps an eye on this. Medical welfare is social welfare placed in a medical institution. Medical welfare offers support that focuses on the subjective side; the patient. They cooperate with doctors and the medical institution so that the individual can easily stay in hospital. They work to improve the medical system so that they can care more for the situation of the individual. Medical welfare supports the individual so that they are actually able to stay in hospital. It can improve the individual's life as well as the overall system. These are the two sides of social welfare. From where the individual is standing, a specialist only sees one part of their life. Therefore, the specialist needs to be told, "What you are doing is not good enough. People's lives are more multilateral than that." It is the MSW's (Medical

social worker) job to support this. The patient's relationships go well if there is cooperation between the specialists in the medical institution and the specialists in social welfare.

Currently in Japan, the idea behind medical welfare is under debate. One direction is for both systems to cooperate. The other is for the individual to be secondary to the medical institution, with medical welfare supporting medical care. For example, in the case of surgery, a doctor explains about the surgery. Because a doctor doesn't want to take the time to explain things these days, social welfare takes this on. The MSW can give an explanation; this is how social welfare can be used for medical care. That is the thinking of the Ministry of Health, Labour and Welfare.

In opposition to this is the conflicting opinion that medical care and welfare are separate; we work on the subjective side, so you should work on the objective side.

Laws for medical welfare have been stopped. However, the Ministry of Health, Labour and Welfare will eventually get their way. When social worker was established as a system, the Ministry of Health, Labour and Welfare overcame resistance and easily put it together within two or three months. We think this was a big mistake. We have to protest against such things more and more. The government office in Japan has a tendency to override decisions, so even in terms of resisting this, social welfare theory is important. We cannot take on a vague and amicable approach in order to somehow settle things smoothly.

It is important to clarify that the life of a human being is important, and make sure that we are offering support for their difficulties with social skills, and offering this support from the subjective side. That is the first thing.

The next thing is "inevitability". What if there was no support for this? Without this, human lives fall apart and the individual becomes a victim of an one-sided system. This in itself is "inevitability." Therefore, a society in which there is no support for the subjective side has to be criticized as a society ruled by systems. How can we support the subjective side of social relations? That is one of problems in "inevitability" of welfare.

5 . The Principle of Support

There isn't much time today, but I would like to speak to you about the principle of support; what it is to handle the situation from the subjective side. The situation refers to the target problem, not a target person. That is an understanding or perspective regarding what we should focus on. In other words, what kind of lens we decide to look through.

I'm using the phrase, "principle of welfare support", but this really means the "principle of sociality." The "principle of sociality" is to keep an eye on the individual's social relations when providing support through difficulties in life. Humans are said to be social beings, existing within society, so this is where our focus should be.

Social welfare often becomes a kind of advertisement for religion. For example, a nursing home for the elderly run by a temple, or a nursing home for children run by a Christian group support the individual by focusing on belief more than social difficulties.

Alternatively, they focus more on ideological problems. One shelter for the homeless educates new people about Marxism. They teach about the negatives of capitalism. Then, drunks who enter the shelter will join May Day next year. Is it possible for them to recover through casework? I think this goes beyond

the authorities. They don't come to the center to be brainwashed. They come to resolve their difficulties with social interactions, don't they? I think it's wrong to bring ideology or religion into the equation. In any case, it is important to support people who can't have relationships because of their problems developing those social skills.

The second principle is the "principle of integrity." This is support to obtain balance for life as a whole, instead of concentrating on specific problems such as poverty or illness. That is, support that guides specialists and individuals to view life as a whole. We should advise the doctor when they haven't been able to consider the life of their patients as a whole, or when the individual for instance believes that if there is money nothing else matters, that life is not made up of money alone. There are many examples like this. There are many elderly people who have been abandoned and live alone even though they have a lot of money. We have to look at the social relations as a whole. We have to offer support by finding a balance as a whole.

The third thing is the "principle of independence". The individual is the subject in life. It is crucial for the individual to take responsibility for maintaining their relationships in society. I want to emphasize this kind of independence. For example, the independence of people with intellectual disabilities is often ignored. With general things such as IQ, people make judgements, for example, this person's IQ is over 100, or that person is under 100, etc. But the most important thing is that each of us discovers the identity or individuality of each person.

There is a lot to think about here. When Oe Kenzaburo's son was born, he received a big shock when he was told by the doctor that his son would only develop until the age of 2 or 3. He was in despair. However, when his son was 3 or 4 years old, they went for a walk together and he discovered that his son was very sensitive to bird calls. He became very hopeful that his son had this kind of ability. Discovering his son's individuality led to this sense of hope. Until then he had thought of his son as a puppet or a useless person.

You all do "Saori" weaving, right? I heard from the founder of "Saori", Ms. Misao Jyo, that when she went to *Kongou* colony (A daycare center for persons with intellectual disabilities), the teachers there tried to teach individuals how to weave. Ms. Misao Jyo told them, "Let them do what they want. Don't give them too much direction. There is no point in teaching them how it's usually done." And indeed, the work they created was not interesting. By directing the individuals in this way, they do not recognize the individuality of each person. There is fault in not considering each person's individuality. If there are 100 people, each one of them has their own reactions. This kind of thing happens because staff don't have enough perspective on the situation. When you stand in someone's shoes, their individuality comes through.

You are all learning about people with disabilities, but it is also important for the public in general to learn how to view these people. I believe the main issue with Japanese social welfare is not the people with disabilities, but the people without. That is, people without disabilities have trouble seeing people with disabilities; therefore we must teach them to see. The way to view people is to look directly at the individual, through the perspective of welfare.

We often use the word "emotion". People with disabilities who lack intelligence still have emotions, don't they? I think that the discovery of emotions is vital for human education. There is lack of support emphasizing subjectivity not only in welfare for the disabled but also in the welfare field as a whole.

For example, staff don't often listen to the opinions of the elderly regarding issues of the elderly. I'm

one of these elderly, and I am not asked for my opinion. The Ministry of Health, Labour, and Welfare is getting it totally wrong. Welfare for the elderly which doesn't involve elderly people isn't right. It is the same for welfare for the disabled. We have to consider a welfare system in which the disabled people manage it or take part in it.

If we simply maintain these current social welfare, medical, and educational systems, people will only end up being manipulated. It shouldn't be that way. We must be proactive in expressing our opinions about the importance of subjectivity when dealing with public systems. It makes the public systems realize their defects; that they are looking at an incomplete picture – and only one part of life. Therefore, I want to emphasize the importance of running a system which focuses on the individual. Specialists might know their field well, but we need to teach them where to focus their attention with regards to welfare when supporting individuals with intellectual disabilities. Without this, public systems walk unaided.

The fourth and final principle is the “principle of reality”, but we don't have much time, so I'll just mention one more thing. The “principle of reality” is that ordinary citizens carry out these three aforementioned principles even if they have disabilities.

Conclusion

I can't fully convey my thoughts from the last forty years in one or two hours, so I have given you a kind of summary today, which I'm sure was difficult to understand. I want you to perceive social welfare as a speciality subject, with characteristics, and as a way of viewing things. I focus on the individual when I consider the problem of how we view people with disabilities. This is what I mean by social welfare as a speciality subject.

Earlier, I talked about the different paths that a private worker and government worker take. I emphasized that the problem is related to the individual, therefore people in social welfare need to explain to the specialists, doctors and teachers that their views are one-sided and incomplete.

Most civil servants in the field currently don't realize this. They say they work in social welfare, but the root of what they are serious about is related to laws, regulations, or giving reports on behalf of the Ministry of Health, Labour and Welfare. With regards to this, I want the workers of private institutions to have more freedom with work while focusing on the independence of the individual. I believe that it is entirely possible for these workers to hold such a stance.

So those who work in the private sector should not focus solely on equitable treatment of individuals, but illustrate that they do not work in the same way as those who blur the boundary between social welfare and social security. For example, there is a practice of private sector workers being involved with national conventions for institutions for the disabled and associations for intellectual disabilities. We explain these practices and experiences to people in other institutions. I think this illustrates the pioneer spirit of workers in the private sector.

Many government employees will tell you, “We have regulations that we need to follow.” I was also told, “We don't need such social welfare theories. There are laws to help us deal with things.” I have been told by civilians, “Please stop quibbling. Why don't we just help those in need in front of us?” Certainly,

this is how Japanese private institutions have run for a long time. There is a general opinion that private welfare takes care of castaways. This was good enough when there were no systems in place, but I believe that we need to consider things from a social welfare point of view, especially now that there are systems in place for citizens to use. For this to be the case, we need to be a bit more subjective.

In order to explain this, I divided the idea of subjectivity into four principles. I have offered an explanation with an analysis of each part. The idea of subjectivity sounds vague and difficult, however something that is originally one thing can be divided into four principles. That is, when you view subjectivity from many angles, it is possible to consider it from four different views. These four are inseparably linked, so it is impossible to say which is the most important. It might be a little difficult to grasp, but the division into four parts was for the sake of explanation. There are many people who try to consider these parts separately, but this is incorrect.

I couldn't explain fully the "principle of reality" due to lack of time, but it is about supporting people with intellectual disabilities while taking into account their reality. And this reality exists in all your fields. For example, children with intellectual disabilities know only too well that they can't do arithmetic or read well by themselves. Therefore, they require staff who can support them. They will be at a loss if they are categorized. They are looking for staff who can accept their reality as it is. We need to realize that our job is not only to observe the individual in a one-sided manner, but also to take into account that we are being observed by them. We do our work with this balance of observing and being observed. Children observe us while wondering if we really get them. They watch us, wondering if we really understand and support them when they cannot read well or do arithmetic. And this connects to support from a subjective stance; being able to consider their problems together. However, this kind of support doesn't ignore the other problems. Subjective support includes recognizing reality as it is. There have been debates and discussions on how this can be done in concrete ways, but I believe that this is your specialist area.

This may be the first time that many of you hear the word, "subjectivity" used in this way. And if you try it and see, some of you may find that is too farfetched and unrealistic, while others will appreciate the independence of people and find that things improve after that, going on to realize that it is a social issue and embracing the whole theory. Independence is especially important in current disability-related concerns. This is because people with intellectual disabilities have been neglected their independence. There is a history of children being treated merely objectively and judged by a certain standard or measured against others, and now these children will start to trust us when they realize that their individuality is being appreciated and that they are being understood. That's why I emphasized this in particular. On the other hand, there are cases in which we need to start again, offering overall support instead of placing so much emphasis on subjectivity. As I mentioned before, we need to start by talking to people who think money is everything, and convince them that this is not true. There are various ways to get started.

I'm sure there are many who doubt the idea of subjectivity. There are also those who believe that it is OK to have one standard to measure against. Workers of public institutions probably think so. For example, there is thinking behind certain welfare institutions that if people with disabilities who have trouble with daily mobility receive rehabilitation and get even a little better, that in itself is enough. While on the other hand, this could be regarded as unreasonable, that we should draw out their individual abilities and start rehabilitation from there. They are thinking about things in the wrong

order, aren't they? Here the workers of private institutions can adopt a position that is not restrained by laws and regulations.

When I observe workers in welfare, I can see that they are not fully aware of this. Therefore, I want you to have discussions in your field to come up with better schemes. Then, researchers like me can learn from you. I believe researchers, workers and rehabilitation staff can cooperate in this way.

For example, there are various ways to approach a case study. There are people who gather many cases: Case A, Case B, Case C, etc., and then decide that there is only one way to do things. But I don't agree. This might be one way, but it is not the only way and we are simply discussing big trends when a case study means something different for each person.

When you research and observe things, you try to make sense of each case, and not look at trends as a whole. How things are understood is down to the ability of those workers. Judging development by objective criteria, such as whether the individual could or couldn't walk today, or they didn't hurt themselves today, is not welfare. This might be enough for rehabilitation staff, but we have to observe and consider things from a subjective point of view - what does it mean for an individual who couldn't walk before to be able to walk. I've been talking to you today, with the thought that if you could keep even one of these things in mind, it might come in handy at work. I suggest that you examine a specific case and how it was, and then verify whether these four aforementioned principles make sense or not. That will be the answer to your question. I hope my talk will be of some use to you in the field.

MC :

Mr. Okamura has been encouraging us to think about our work based on the individuality of each person. Even though each center deals with different individuals, I hope that we can widen our perspective of each case and interact with other staff while considering what kind of role we can take with regards to those individuals. I felt that Mr. Okamura's talk today was the starting point in moving forward in our work. Thank you very much.