Stability and Change in Institutional Alternative Care for Children in Israel and Japan

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List of Abbreviations

BCN – Better Care Network
CEE/CIS – Central Eastern Europe / Commonwealth of Independent States
CGC – Child Guidance Centre (Japan)
CIA – Central Intelligence Agency
CWI – Child Welfare Institute (Japan)
FICE – International Confederation of Educative Communities
MHLW – Ministry of Health Labour and Welfare (Japan)
MOFA – Ministry of Foreign Affairs (Japan)
NCC – National Council for the Child (Israel)
NCWIIRC – National Child Welfare Institutions Issues Research Council (Japan)
NPO – Non Profit Organisation
OECD – Organisation for Economic Cooperation and Development
SBJ – Statistics Bureau Japan
UN – United Nations
UNCRC – United Nations Convention of the Rights of the Child
UNGACC – United Nations Guidelines for the Alternative Care of Children
UNHDR – United Nations Human Development Report
UNICEF – United Nations
WB – World Bank
WHO – World Health Organisation

A note on translation

The Japanese term *jidōyōgoshisetsu* can be translated in different ways. The component parts mean child (*jidō),* protective care / nursing (and implies welfare) *(yōgo),* and institution (*shisetsu*). American academia often uses foster home for all alternative care, however this is not common practice elsewhere. The most authoritative work on these institutions in Japan in English is Goodman's 2000 'Children of the Japanese State'. This translates *jidōyōgoshisetsu* as Child Protection Institutions, Children's homes, homes, or institutions. Goldfarb (2012) uses the term Children's Homes.

The *welfare* role of the institutions is increasingly being emphasised over the *protective* role they play (MHLW, 2010). The UN (2010) distinguishes larger facilities within residential care and calls these institutions. The overwhelming majority of the facilities in Japan (and indeed in Israel) are comfortably large enough to be termed institutions. Thus I have translated *jidōyōgoshisetsu* as Child Welfare Institutions. All translations from Japanese sources are my own.

A six page executive summary of the 2013 version of this paper has been translated into Hebrew at the request of the Ministry of Social Affairs. Please contact the author for a copy of this if wanted.

Abstract

Across all countries there are children who are unable to live with their families and require alternative care. There is a clear trend of deinstitutionalisation in alternative childcare provision in OECD countries. Large institutions have largely been replaced with smaller facilities and by family-based foster care. Indeed 'residential care' in OECD countries now usually refers to facilities for four to ten children. The United Nations, World Health Organisation, and European Commission support deinstitutionalisation, with attention largely focused on Central Eastern Europe. Despite limited international attention from academics and NGOs, Japan and Israel are also significant outliers here, with 90 per cent and 80 per cent of children in alternative care in large institutions respectively, some of which house over 200 children.

Due to the exploratory nature of this topic, research was qualitative, centred around interviews with policy elites and practitioners. This research also draws on secondary literature on alternative childcare in these countries. It also uses literature on deinstitutionalisation, notably the emerging emphasis on the role of gatekeeping

mechanisms, by which the placement for each child is decided. Primary sources, including government guidelines on recent initiatives promoting change were also used.

This paper works within a historical institutionalism in a sociological perspective framework to understand the post-war stability and recent incremental changes in alternative childcare. This paper argues that in both countries, stability in alternative childcare can largely be explained with reference to Pierson's concept of path dependency, with large set up costs, increased effectiveness through learning, and the interlocking of different systems all contributing to stability. Both countries have seen a rise in foster care rates. The incremental changes seen in both countries can be explained with Mahoney and Thelen's theory of gradual institutional change, wherein actors' organisation and actions are understood with reference to Sabatier's advocacy coalition framework. The precise mechanisms of change in each country are different. In Israel structural reform by central government on a subsystem level, of foster care organisation, has led to a change in incentives at a gatekeeper level, and the creation of a foster care advocacy coalition has strengthened the position of those promoting change. In Japan there has been minimal structural reform. Instead pressure has been placed on gatekeepers to change how they implement existing rules. In both countries there are structural lock-in effects, which serve to limit incremental change.

This paper argues against the existing sweeping cultural explanations for the nature of alternative childcare provision in Japan and Israel. It sees culture as a fluid and contested construct that is often used by actors to promote and legitimise their beliefs and goals. This paper concludes by looking at the importance of centrally planned structural changes aimed at maintaining or increasing the quality of care during and after the deinstitutionalisation process.

Stability and Change in Institutional Alternative Care for Children in Israel and Japan

1. Introduction

In every country in the world there are children who are unable to live with their parents. Whether due to abuse, parental health problems, or bereavement, these children require alternative care. Amongst OECD countries there is a trend away from residential care towards foster care (Colton and Hellinckx, 1994, p560; Gudbrandsson, 2004, p5-7). Where residential care remains there is a trend away from larger institutions towards smaller facilities (Madge, 1994, p137-8). These trends are widely seen in a positive light and in 2010 the UN adopted a resolution on Guidelines for the Alternative Care of Children (UNGACC) (UN, 2010). This calls for residential care to be limited to 'specifically appropriate' cases (Article 21), for 'an overall deinstitutionalization strategy' (Article 23), and states that 'in accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family based settings'[1] (Article 22).

In contrast to this trend, 80 per cent of children in alternative care in Israel are placed into institutions (Attar-Schwartz, 2011, p641). These vary in size from 30 to over 200 children (Dolev et al, 2009, p77). Japan too goes against the international trend, with 90 per cent of children in institutions, the largest of which house over 150 children (Ministry of Health Labour and Welfare (MHLW), 2012a, p8). This is puzzling as in addition to usually being seen as more desirable (UN, 2010), it is often argued that foster care is cheaper than residential care (Mulheir and Browne, 2007, p35; Tobis, 2000, p29; Williamson and Greenberg 2010), or at the very least, equivalent in cost. The foster care rate in each country has however not been completely stable, with small variations over time (Goodman, 2000, p137; Jaffe, 1978, p177) and between areas within each country (MHLW, 2014, p24; Attar Schwartz et al, 2010, p9).

This paper makes no normative judgement on the relative merits of foster care and residential care. Instead it seeks to discover the mechanisms underlying stability in institutional childcare provision in Japan and Israel since WWII. Despite the many differences between these two countries, there are significant similarities in alternative childcare provision. This paper investigates whether any of the mechanisms for institutional stability are shared. In doing so it seeks to contribute to theoretical debates on policy change, notably Mahoney and Thelen's (2010) theory of gradual change,[2]

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[1] Exceptions are permitted 'in order to prevent the separation of siblings and in cases where the placement is of an emergency nature, or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome' (Article 22).

[2] Which owes much to Streeck and Thelen (2005)

Sabatier's (1998, 2007) work on policy advocacy coalitions, and Pierson's (2004) understanding of path dependency.

All too often, sweeping cultural explanations are offered for the nature of alternative childcare provision in Japan: 'Traditional views of the family in Japan have led to the predominance of residential over foster care' (Kendrick et al, 2011b, p6; see also Bamba, 2010, p4). Yet Goodman argues that static cultural explanations similar to these, which had been used to explain low child abuse rates in Japan, struggled to explain the 'discovery' of child abuse in Japan, which resulted in a fifty-fold increase in reported abuse cases (2000, p167-174). Goldfarb too, argues that with regard to Japanese Child Welfare Institutions (CWI, *jidōyōgoshisetsu*)[3] she 'found the cultural explanations for welfare practices were both insufficient and misleading' (2012, p25). We must beware cultural explanations that, 'like the peasant in the old story… first shoot the holes in the fence and then paint the bull's eyes around them' (Geertz, 1973, section VII).

This paper addresses the issue of definitions for residential and foster care before setting out an overview of the conceptual framework used. Following this comes an explanation of the country selection and an overview of methods, ethics, and limitations. After this comes the analysis and discussion section, which is organised by country, and finally the conclusion.

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[3] There is some debate over the correct way to translate *jidōyōgoshisetsu* – see translation notes.

2. Definitions and Debates

The terms 'residential care' and 'foster care' are used differently across countries and for different types of care within a country. This complicates comparative research in alternative childcare (Madge, 1994, p58). Residential facilities can be organised with mixed or same age groups, into individual rooms in a home-like setting or dormitory rooms with a communal dining hall.[4] The staff can be live-in or shift workers, have basic education, or be highly-skilled professionals (Ainsworth and Thoburn, 2013). There is a great difference between the supported living for adolescents in Denmark (Bryderup, 2008, p5) and the institutions of 1980s Romania that shocked the world (Gavrilovici, 2009), yet both are termed 'residential care.'[5]

This paper adopts the definitions of the UNGACC, Article 29 c:

(iii) Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care;

…

(iv) Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities,[6] including group homes

This paper also notes the distinction within residential care made in Article 23; of 'large residential facilities (institutions).' Mulheir and Browne (2007, p13) distinguish a large institution as 'having 25 or more children living together in one building', a small institution as 'housing 11 to 24 children', and 'family-like' homes as accommodating '10 children or less'.[7]

The desirability of deinstitutionalization and the preference for family-based care have a wide base of support (UNICEF and WB 2003; Stockholm Declaration, 2003; Save the Children, 2009; WorldVision, 2009; UN, 2010; UNICEF, 2010; WHO, 2010; EveryChild, 2011; Cantwell et al, 2012; European Commission, 2013). Arguments for

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[4] Indeed all these permutations can be found in Japan
[5] See Ainsworth and Thoburn (2013) for an account of the issue of international comparability.
[6] This is slightly problematic as it is a circular definition.
[7] This understanding has also been 'adopted in the Council on Europe's recommendations on childcare' (Mulheir and Browne, 2007, p13)

deinstitutionalisation are predominantly framed in terms of rights, based on the UN Convention of the Rights of the Child (UNCRC)[8] (Browne et al, 2006), or on the negative impact of institutions on the psychological development of the child (Goldfarb, 1945; Bowlby 1951, 1969; Barth, 2002; Browne et al, 2006; Johnson et al, 2006; Nelson III et al, 2007; Browne 2009).

Arguments on the unqualified negative impact of institutions are not unchallenged (Malmo Declaration, 1986). Residential care is not seen as a 'last resort' in much of Southern and Central Europe (Kendrick et al, 2011b, p88) and the view that for some children residential care should be 'a placement of first choice' (The College of Social Work, 2012) is gaining momentum (Kerr, forthcoming; Social Work Services Inspectorate for Scotland, 1992; Bryderup, 2008, p4; Peters ed, 2008; Ainsworth and Hansen, 2009; Sallnass, 2009, p44).[9]

On the accepted assumption that there is a need for some preventative community services, foster care *and* residential care (Browne, 2008, slide 27), the key question becomes which is suitable for each child in question (Thoburn, 2011). This leads to the process of 'gatekeeping' taking on central importance. 'The concept "gatekeeping" refers to systematic assessment with the goal of matching services to individual needs' (Gudbrandsson, 2004, p15). Whilst termed 'systematic', there is little uncontested empirical evidence on the relative merits of different placements for children with different profiles of needs,[10] and this is subject to country and community specific systems (Thoburn, 2011, slide24). This paper focuses on the gatekeeping process as a way to shed light on stability and change within the alternative childcare systems operating in Japan and Israel.

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[8] The 1989 UNCRC argues that 'the child should grow up in a family environment' (Article 20).

[9] Though in some of these countries, for example, Germany, Sweden and Denmark, these are predominantly small residential care facilities and focusing on elder children. See Knorth et al (2008) and Courtney and Hughes-Heuring (2009) for an overview of the debates on residential care.

[10] The one area where empirical evidence is overwhelmingly in agreement is that 0-3 year olds should not be institutionalised.

3. Conceptual Framework

This paper takes its understanding of institutions from a 'historical institutionalism in sociological perspective' framework (Hall, 2010, p216-9). This is underpinned by historical institutionalism.

Historical institutionalism accepts 'the contention that conflict among rival groups for scarce resources lies at the heart of politics' (Hall and Taylor, 1996, p937). It emphasizes 'asymmetries of power associated with the operation and development of institutions [and]… the contribution of other… factors, such as ideas' (Hall and Taylor, 1996, p938). It tends 'to have a view of institutional development that emphasizes path dependence and unintended consequences' (Hall and Taylor, 1996, p938). Path dependency states that the further an institution progresses down a path the larger the costs of exiting it become. Large set up costs, the increasing effectiveness that comes with learning, increased coordination, and adaptive expectations can result in a system that is highly resistant to change. Where multiple systems interlock path dependency is strengthened (Pierson, 2000, p254-255).

Schmidt argues that in historical institutionalism 'change is largely described (rather than explained) from the outside (exogenously), whether by way of "big bang" theories about critical junctures… or by path dependency with lock-in mechanisms and positive feedback effects… As a result historical institutionalism can appear historically deterministic or even mechanistic' (2010, p50). Beland and Cox too, argue that across all the 'institutionalist and rationalist models of politics, path dependent change is assumed to be the norm, while radical change is treated as exogenous' (2010, p11).

In Israel and Japan we have not seen radical change in alternative childcare provision. Yet there have been variations in the foster care rate over time (Goodman, 2000, p137; Jaffe, 1978, p177) and between regions within each country (MHLW, 2014, p24, Attar-Schwartz et al, 2010, p9) that the traditional path dependency model struggles to explain. This suggests that there have been incremental changes in the implementation, the design, or the effect of policy in this area, or in a combination of implementation, design and effect. To seek to understand incremental change, this paper takes Mahoney and Thelen's 'Theory of Gradual Institutional Change' (2010, p1-37) as its conceptual framework of change. This builds on Pierson's later work on path dependency, which, instead of tying path dependency to critical junctures, couples the concept with gradual causes of change (2004, p82-91). Before examining Mahoney and Thelen's theory it is necessary to define the term institution.

The 'sociological perspective' (Hall, 2010, p216-9) introduces a constructivist understanding of institutions from sociological institutionalism to historical institutionalism. The ontological assumptions of these two frameworks are not incompatible (Schmidt, 2010, p64; Hall, 2010, p216-9). Sociological institutionalists tend to 'define institutions… to include, not just formal rules, procedures and norms, but the symbol systems, cognitive scripts, and moral templates that provide the "frames of meaning" guiding human action. Such a definition breaks down the conceptual divides between "institutions" and "culture"' (Hall and Taylor, 1996, p947). Sociological institutionalism sees individuals as goal orientated and rational, but argues that what 'an individual see as rational action is itself socially constructed' (Hall and Taylor, 1996, p949). At the heart of sociological institutionalism 'is the question of what confers "legitimacy" or "social appropriateness" on some institutional arrangements but not others' (Hall and Taylor, 1996, p949). This is something that this research focuses on. As with historical institutionalism, sociological institutionalism has been criticised for being 'largely static' (Schmidt, 2010, p49) and can be criticised for being 'culturally deterministic' (Schmidt, 2010, p51) and lacking agency (Schmidt, 2010, p51).

Historical institutionalism in a sociological perspective differs from the rigidity of sociological institutionalism (Hall, 2010, p217). This framework is 'more inclined to view institutions as objects of active reinterpretation… The persistence of institutions is not a matter of unreflective adherence, but the outcome of exercises of power and interpretation, whose result is at best a contested stability' (Hall, 2010, p217).[11] This paper argues that the *reflexive elaboration of frames of meaning is characteristically imbalanced in relation to the possession of power*… "What passes for social reality" stands in immediate relation to the distribution of power' (Giddens, 1993, p120, italics in original). Culture is not a static entity. It is contested amongst different groups, with power relations essential in determining which 'norm' prevails (Thelen, 1999, p387; Pfau-Effinger, 2005, p10). This understanding of contestation and flux in institutions is shared by Mahoney and Thelen;

> There is nothing automatic, self-perpetuating, or self-reinforcing about institutional arrangements. Rather a dynamic component is built in; where institutions represent compromises or relatively durable though still contested settlements based on specific coalitional dynamics, they are always vulnerable to shifts. On this view change and stability are in fact inextricably linked. Those who benefit from existing arrangements

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[11] In this regard it is close to the newest forms of institutionalism; discursive institutionalism (see Schmidt, 2010) and constructivist institutionalism (see Hay, 2010)

may have an objective preference for continuity but ensuring such continuity requires the ongoing mobilization of political support'

2010, p8-9

This paper uses Mahoney and Thelen's model to explain incremental change in alternative care provision in Japan and Israel. Mahoney and Thelen argue that the 'fact that rules are not just designed but also have to be applied and enforced, often by actors rather than the designers, opens up space… for change' (2010, p13). There are two ways in which this space needs to be understood. The first is the strength to veto change of those defending the status quo. The second is the amount of discretion that the institution allows in interpretation and enforcement of the rules. Different permutations of veto strength (weak or strong) and discretion (low or high) are predicted to lead to different types of incremental change (Mahoney and Thelen, 2010, p15-19).

The nature of power and conflict are as yet underdeveloped in Mahoney and Thelen's model. In addition to this, this model lacks a fully developed understanding of how actors work together, and their reconceptualization of change could be seen to be a little two-dimensional. As yet it does not take enough account of how systems are nested within other systems, and the possibility that actors have veto powers or discretion in subsystems that in turn impact on larger systems over which they have less direct control. This paper seeks to integrate Sabatier's work here to develop solutions to these issues.

The ontological assumptions of Sabatier's advocacy coalition framework are compatible with historical institutionalism in a sociological perspective.[12] The advocacy coalition framework studies policy subsystems. These are a 'set of participants who regard themselves as a semi-autonomous community who share an expertise in a policy domain and who have sought to influence public policy in that domain for an extended period' (Sabatier and Weible, 2007, p192). Due to the complexity of policy making in modern societies, the participants here are limited to those who specialise in the area. This policy subsystem includes legislators, agency officials, interest group leaders, researchers, journalists, senior bureaucrats (Sabatier and Weible, 2007, p192) who 'both (a) share a set of normative and causal beliefs and (b) engage in a non trivial degree of co-ordinated interest over time' (Sabatier, 1998, p104). This framework is aware of 'overlapping and nested subsystems' (Sabatier and Weible, 2007, p193). It takes as a base

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[12] Though technically Sabatier's work belongs to the 'cognitive approach' in political science and not in any of the new institutionalisms.

Quattrone and Tversky's prospect theory (1988, referenced in Sabatier and Weible, 2007, p194), which states that actors value losses more than potential gains.

It is worth noting that in the power struggle between advocacy coalitions it is possible that cultural values may be used by actors to confer legitimacy on policies, to 'buttress the authority of rulers by rendering opposition virtually impossible – as one cannot successfully argue against the 'proper order of things' (Shore and Wright, 1997, p12). Where actors attribute value to cultural or historical explanations, the explanations take on value.

This theoretical approach leads us to make several hypotheses on stability and incremental change in Israel and Japan:

- That there is conflict between the advocacy coalition for foster care and that of residential care for the 'scarce resource' of children who need alternative care.
- The power in this contest has been asymmetrically skewed in favour of the residential care advocacy coalition, leading to system stability.
- Large set up costs sunk into residential care, and new costs for developing support institutions necessary to transfer more services to foster care, may contribute to stability.
- Increasing quality (or the perception of increasing quality) of residential care may also contribute to stability.
- Increased coordination between, and the interlocking nature of residential care and the support / regulatory system of the government, including the gatekeeper system, the welfare system more broadly, and the judiciary, are also likely to contribute to stability.
- There will be adaptive expectations within practitioners in the alternative care system about what change is possible in these systems. This may limit people's ability to speak out about what change they consider desirable.
- There are several mechanisms contributing to the global trend of deinstitutionalisation (Courtney and Iwaniec eds, 2009). External pressure (Courtney et al, 2009; Ainsworth and Thoburn, 2013), abuse scandals (Stein, 2006, 2011; Gilligan, 2009; Bullock and McSherry, 2009) and rising financial pressure (Tobis, 2000; Ainsworth and Hansen, 2009; Browne, 2008; Eurochild, 2012) have all acted as drivers of change. This paper predicts an absence of, or a different response to, these factors in both Israel and Japan.

The variance in foster care rates over time and space in the absence of radical reform lead us to predict incremental change in policy design, effect, or implementation. This paper predicts nested systems, consisting of 'welfare', 'children at risk', 'children in alternative care' and 'residential care' and 'foster care'.[13] It is possible that actors have different veto and discretionary power over these multiple systems. For example, a bureaucrat may be able to re-structure foster care provision and yet have no formal veto or discretionary power over residential care, children in alternative care or any of the subsystems above or around these subsystems. The act of restructuring this one subsystem may have great knock on effects on other subsystems beyond this actor's immediate control.

This paper also predicts that the institutions of residential care and foster care will play a role in creating 'frames of meaning' that guide human action. Actors will behave in a manner they perceive to be rational, more broadly understood than a purely economic self-interested rationality. It is possible that residential care is seen as socially more legitimate or appropriate than foster care is. This legitimacy will be in flux, and contested by advocacy coalitions, based on their relative power. Scope is given for ideas to play a role in changing the balance of legitimacy.

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[13] This is a cursory list to illustrate the overlapping groups of systems and actors. There are likely to be more, including further subsystems within residential care and foster care.

4 Case Selection, Methods, Ethics, Limitations

4.1 Country and Time Selection

This paper is based on most different systems design (MDSD) (Przeworski and Teune, 1970, ch2). This requires cases with minimal variance of the dependent variable. In this study this is the nature of alternative childcare in Israel and Japan. It also requires maximum variance of independent variables. In this study these are social factors that impact on the demands placed on the alternative childcare system (Otner, 2010). As this study only uses MDSD we are limited to exploring necessary, and not sufficient conditions, of stability and incremental change, and have to be aware that we are unable to control for multiple causation. First we turn to the differences between Israel and Japan.

Israel's population has increased tenfold between 1948 (806,000) and 2013 (8,018,000) (Lev, 2013). This is due to substantial immigration; currently 39.8 per cent of the population are immigrants (UNHDR, 2009), and a high total-fertility-rate, currently 2.65 (CIA, 2013a). In Japan the population has grown from 84,115,000 in 1950 to 127, 799,000 in 2011 (SBJ, 2012, p14). Here 1.6 per cent of the population are immigrants (UNHDR, 2009) and there is a total-fertility-rate of 1.39 (CIA, 2013b). Israel, with a GINI index of 39.2, is a much more unequal society than Japan (24.9) (UNHDR, 2009, p195). In Israel 31 per cent of the population are children, compared to 16 per cent in Japan (Bradshaw and Finch, 2002, p24). By area, between 15.04 per cent and 20.32 per cent of children in Israel are 'known to social services (Attar-Schwartz et al, 2010, p9). In Japan this figure is about 3 per cent.[14] By area, between 0.98 and 2.09 per cent of children are in care in Israel (Attar-Schwartz et al, 2010, p9), which is much higher than the figures of 0.08 to 0.3 per cent in Japan (MHLW, 2012a, p24). More broadly speaking, 75 per cent of Israel are Jewish, whereas Japan is an overlapping combination of Shinto, Buddhist though a majority of people, 70-80 per cent, do not profess to belong to any religion. The differences between these two countries are likely to affect the amount and needs of children entering care, how society constructs the family, and how the role of the state in meeting the needs of those it determines cannot live with their own family is seen. This paper next seeks to establish the similarities in care provision between the two countries.

Discussing residential care in 'Western and some transition countries', Ainsworth and Thoburn note:

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[14] The Japanese figure has been calculated from the amount of cases that the CGC deal with as a fraction of the child population.

Generally, these service units are small and commonly cater to between four and ten older children or youth. In that respect, they bear no resemblance to the large-scale institutional or congregate care facilities of the past that are still to be found in many developing and Eastern European 'transition' economies, and at which UNICEF's deinstitutionalisation policies are mainly aimed (UNICEF BCN, 2010)

2013, p2

Here Israel and Japan are clear and significant outliers, not just in the percentage of children in out of home care that are in residential care (Thoburn, 2007, 2011; Ainsworth and Thoburn, 2013), but also in the large size of the institutions (MHLW, 2014, p7, Dolev et al, 2009, p77).

Israel has two parallel systems of institutions for children; boarding schools for the general population run by the Ministry of Education, and residential care, run by the Ministry of Social Affairs. This paper is concerned only with the latter. Table 1 shows the ratio of residential care to foster care in post-war Israel.

Table 1. Approximate Ratio of Foster Care to Residential Care in Israel

Year	Residential Care	Foster Care
1960*	-	< 5%
1964-5*	84%	16%
2003**	83%	17%
2009-10 ***	77.40%	22.60%

Sources -

* Jaffe (1978)

** Dolev et al (2009) – data from the Service for Children and Youth, Ministry of Social Affairs

*** Residential Care figures calculated from National Council for the Child. Foster care figures from the Ministry of Social Affairs, Private Correspondence.

Israel has four kinds of residential care. Education facilities house 10.1 per cent of children in residential care, Rehabilitative facilities house 35.2 per cent, Therapeutic (Treatment) house 35.4 per cent, and Post-Hospitalization house 9.3 per cent (NCC, 2012, p17). These correspond with the severity of the needs of the children, which is also reflected in the amount of money paid to the institution per child (Dori, Benzion, interview, 2013).[15] In addition to this there are 'day-care' facilities, which cater for 10.1

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[15] For a full list of interviewees and their positions please refer to Appendix One.

per cent of children in residential care (NCC, 2012, p17).[16] The institutions vary in size from 30 to around 200. A recent innovation is the family-home style of residential care, where ten to twelve children live with a family, supported by social workers. Israel has two kinds of foster care, regular, and treatment. The details of residential and foster care placements from 2003 to 2010 are show in Table 2.

Table 2: Changing Provision of Care in Israel, 2003 and 2010

2002-2003

Age	Residential	Foster	Total	% in foster care by age
0–5	82	639	721	88.7%
6–13	3,981	595	4576	13.0%
14–17	4,851	416	5267	7.9%
Total	**8,914**	**1,650**	**10564**	**15.6%**

Source - Dolev et al (2009) – data from the Service for Children and Youth, Ministry of Social Affairs, NB The table published gives the total children in residential care as 8,214 however this does not equal the sum of the ages. I confirmed this with the author who said that there must have been a typing error.

2009-2010

Age	Residential	Foster	Total	% in foster care by age
0 to 5	65	360	425	84.7%
6 to 12	2726	950	3676	25.8%
13 to 18	4090	715	4805	14.9%
Over 18	209	42	251	16.7%
Total	**7090**	**2067**	**9157**	**22.6%**

Sources - Residential - NCC (2012), Foster - Ministry of Social Affairs Personal Correspondence

The children in care come from 'Israel's social and geographical periphery' (Benbenishty, interview, 2013). Fifty five point seven per cent of children in care stay for one to three years, and 16.2 per cent have been in care for over five years (NCC, 2012, p25).[17] In 2004 the 'Towards the community' programme was implemented, which limited the time in care to four years, except for severe cases, and aimed to move funding from alternative care to preventative community based care (Dolev et al, 2008; Hasin, interview, 2013). Some argue that this has resulted in the average profile of children in alternative care getting more complex (Ben Rami et al, 2008, p85). Whether

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[16] Under the standard UN definition these would not be counted as residential care as the children do not sleep at the facilities. However, these are regulated by the Ministry of Social Welfare and are seen by all in Israel as a residential care institution.

[17] Of a sample of over half the children in care.

in residential or foster care, it is extremely unusual for a child to have three or more placements during their time in care (Zeira; Benbenishty, interviews, 2013).[18]

In Japan the majority of children in alternative care since WWII have been placed into CWI (see Table 4). There are six kinds of residential care in Japan. This paper focuses on two of these due to the availability of historic data.[19] 'Infant Welfare Institutions', for zero to two year olds,[20] cater for seven per cent of the total number of children in residential care, and CWI, for three to 18 year olds, cater for 71 per cent (MHLW, 2012a, p1). 90 per cent of the CWI are private, and an estimated 70 per cent of those are family concerns (Goodman, 1999, p72). 75.8 per cent of the institutions have buildings housing over 20 children (MHLW, 2012a, p7).[21] As in Israel, it is rare for a child to have more than three placements during their time in care.

Table 3: Residential Care and Foster Care in Japan

Year	Residential Care	Foster Care	% in Foster Care
1955	35699	9111	20.3
1965	35534	6909	16.3
1970	34264	4729	12.1
1975	33376	3851	10.3
1980	33732	3188	8.6
1990	30022	2876	8.7
1995	28526	2377	7.7
2011	32,077	4373	12.0

1955-1995 Goodman (2000, p137)

2011 - MHLW (2012, p1)

Notes (1) - In 2011 there were 41,128 children in all forms of residential facilities, including 6,015 in mother and child facilities, however only those in CWI and 'baby CWI' have been included here in order to allow comparisons with previous years data, all of which only include these two kinds of facilities. (2) The 2011 foster care figure includes the 497 children in family homes
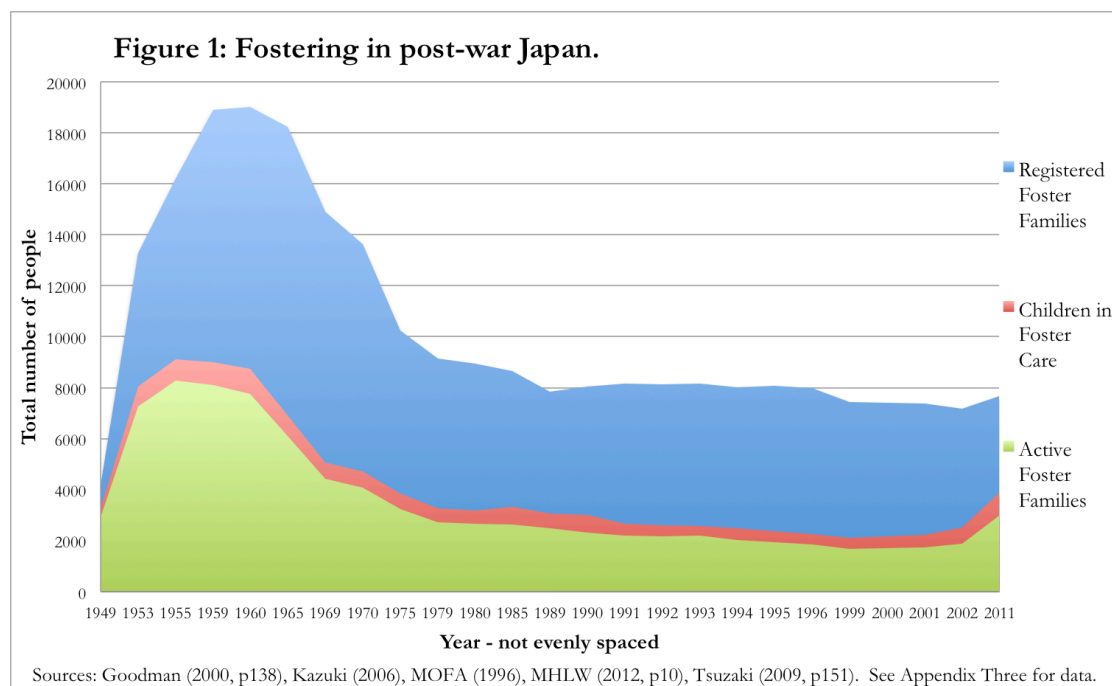
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[18] In a recent talk at the REES centre in Oxford, Professor Stein stated that one third of children in care in the UK have over 4 moves, and one in ten have 10 or more moves (Stein, 2013).

[19] The remaining four institutions are for emotionally and psychologically disturbed children (3%), for those with issues with the law (4%), dormitories for mothers and children (15%), and for (some of the) children in alternative care who have left middle school and not progressed to high school (0.8%) [figures rounded]. If these figures were included, the foster care ratio would be even lower.

[20] Despite the plethora of evidence (Barth, 2002; Browne et al, 2006; Johnson et al, 2006; Nelson III et al, 2007; Browne 2009; UN, 2010, article 22) that children aged 0 to 3 should not be institutionalised, 17 of these facilities have been built in the last 12 years (MHLW, 2014, p2)

[21] See Appendix Two for typical layouts of the main two types of CWI.

There are four kinds of foster care in Japan, regular, specialist, kinship, and fostering with a view to adoption.[22] In 2010 the MHLW established 'family-homes' (MHLW, 2010). These house up to 6 children, with three carers. Japan defines these as foster care, although the UNGACC definition would not.[23] Figure 1 shows the total numbers of children in foster care, of families fostering, and of registered foster families over time.

Figure 1: Fostering in post-war Japan.

Sources: Goodman (2000, p138), Kazuki (2006), MOFA (1996), MHLW (2012, p10), Tsuzaki (2009, p151). See Appendix Three for data.

The move from large dormitory style care to smaller 'home-like' care was first discussed in 1893 by the head of a CWI (Mauss, 2006, p334) and in 1954 the Welfare

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[22] 2,971 families, of the 7,669 registered, were fostering. There were 6,121 regular foster families, 572 specialist foster families, 367 kinship foster families, and 1,840 families registered to foster with a view to adopt. (Note families can be registered for more than one kind of fostering)

[23] See Section 2 – article 29 c (iii) 'in the domestic environment of a family'. They are in fact similar in size to residential care in the UK (Berridge et al, 2010). There is considerable variation between local authorities in the nature of these family homes. Some family homes, as those in Saitama Prefecture, are staffed exclusively by former CWI staff, others, such as those in Fukuoka city, are exclusively run by experienced foster carers. This distinction seems likely to make a difference to the nature of the care provided and the atmosphere of the homes. There are reports of family homes being 'staffed' by people who live outside the home and work in shifts. It is unlikely that the children in these homes are 'in the domestic environment of a family'. The finances of some family homes are run by CWI, who also provide support staff to the home. Some believe that the creation of 'family-homes' and their classification as foster care may have been done in part to boost foster care numbers for UN reporting (Goldfarb, 2012, p125, citing correspondence with Tsuzaki).

Ministry promoted the same idea (Kashiwame, 2010). Little changed, and in 2010 the government launched the '2010 Vision for Children and Childrearing.' This plan aspires to have one-third of children in foster care and 'family homes', one-third in small group homes of 6 children administered by CWI staff, and one-third in residential facilities of no more than 45 children, split into units of 6-8 by 2029. The implementation of this plan is spelt out in more detail in the Ministry of Health, Labour and Welfare's 'Guidelines for placing children into foster care' (2011b). These documents largely place responsibility for promoting change at the local government level, and offers no concrete advice on re-allocation of budgets or on closing institutions, despite WHO work on deinstitutionalisation highlighting these as essential components of central government planning (Mulheir and Browne, 2007).

As in Israel, the needs of children entering care in Japan are seen as increasingly complex. This appears to be born out by statistics (see Figure 2) though there is also increasing medicalization of previously unlabelled problems.

Figure 2: The increase in children in CWI with reported difficulties
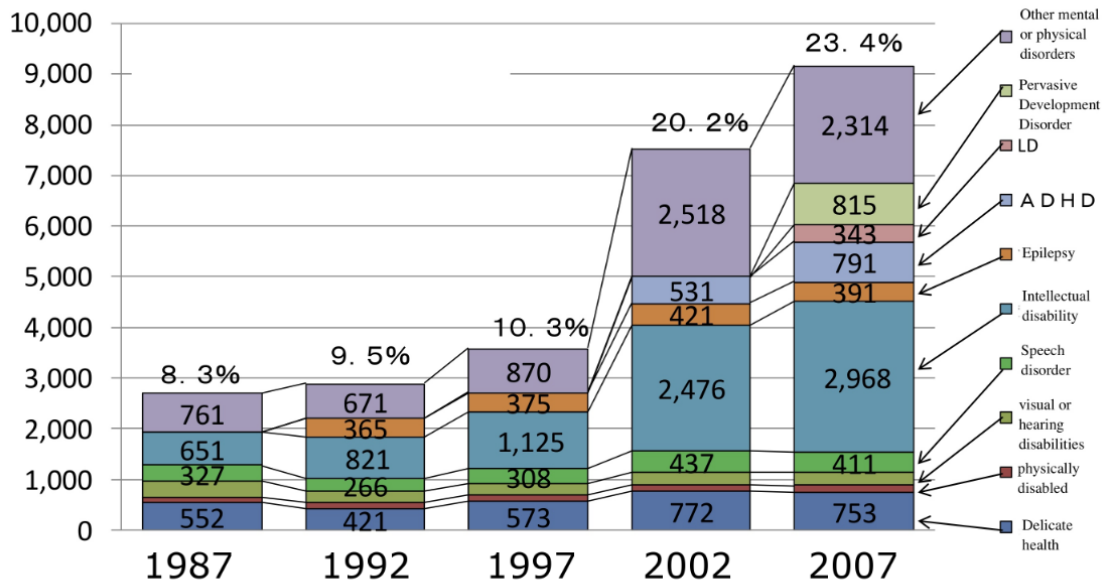
Source: MHLW, 2012a, p6

In addition to Israel and Japan fitting the MDSD model well, they are both largely absent from comparative work on alternative childcare.[24] This study focuses on

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[24] Some recent exceptions to this are Courtney and Iwaniec eds. (2009), Thoburn (2007), and Ainsworth and Thoburn (2013).

the period following WWII, though there is limited data in both countries for the first decade. The focus of the study is on the period of stability, which lasted until approximately 2003 in both countries. At this point signs of incremental change in foster care rates can be seen. By investigating the recent incremental change we can see what, in absentia, was sustaining stability.

4.2 Methods, Ethics, Limitations

This research project was conducted in stages. First, a literature review was conducted on the mechanisms of institutional change in alternative childcare in countries that have transitioned towards foster care, and / or smaller residential care.

In 2012 the author conducted purposively sampled (Denscombe, 2010, p34-5) interviews with twenty-three people in Japan on the issue of education outcomes of children in care.[25] With eleven of these interviewees the low fostering rate was also explored. The interviews were semi-structured and participant led 'conversations with a purpose' (Burgess, 1984, p102) and focused on practitioners, care-leavers and a leading academic. These interviews included gatekeepers from a Child Guidance Centre (CGC). All interviews had been transcribed and were recoded for this study using theory driven coding (Miles and Huberman, 1994) based on the theoretical predictions outlined in section three, the deinstitutionalisation literature review, and an understanding of the importance of gatekeepers (UNICEF, 2010, Bullock and McSherry, 2009, p35). Relevant legal materials (MHLW, 2010, 2012), Japanese academic sources and grey literature were also examined.

For the research in Israel a topic guide was drawn up based on theoretical predictions (Section 3) and the deinstitutionalisation and gatekeeper literature. The topic guide involved 'a number of very broad questions, encouraging the participant to take the lead and to shape their own narrative… with a set of issues which [were]… covered broadly consistently with all participants' (Arthur and Nazroo, 2007, p110). As with Japan, this research entered unchartered territory, a point noted by interviewees, so interviews were semi-structured and encouraged tangential points. The interviews in Israel followed purposive sampling, largely with 'elite' participants, including the head of residential care, and the head of foster care in the Ministry of Social Affairs.[26] The interviews 'snowballed' (Denscombe, 2010, p37) with interviewees introducing other relevant key actors. Fifteen people were interviewed, with interviews lasting an average of 75 minutes. The interviews were 'issue focused' (Weiss, 1994, p152) and sought processes (Weiss, 1994, p179) of stability. They were conducted until saturation point was reached. The interviews were all conducted in English.[27] After transcribing all the

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[25] Unlike in Walker et al, 2013, the interviews had been translated during transcription. The fact that a single person (the author) translated all the interviews minimises inconsistency. In addition to this it meant that coding could be carried out in his native language.

[26] For a full list of interviewees and their positions please refer to Appendix One

[27] One interview was conducted with a translator present, and parts of the answers did go through the translator. The interviewee's English level was high enough for her to correct him on two occasions, suggesting that she was satisfied with the translation given elsewhere.

interviews coding started deductively, and moved from descriptive to abstract concepts. The author made use of various visual display methods (Miles and Huberman, 1994) to develop axial codes.

Upon returning from Israel I had the opportunity to interview a Japanese professor of child welfare.[28] In addition to this, I interviewed the director of Japan's branch of Key Assets, a foster services provider via Skype.[29] The interviews were coded and the previous year's interviews were recoded in light of these new perspectives. The iterative process here led to significant evolution within the coding.

Since this paper was submitted for the MSc I have progressed onto a DPhil investigating policy around children in alternative care in Japan. I am currently four months into a placement at a child guidance centre. In light of some things I have learned during this time I have lightly reworked this study. Additional interviews directly on this topic have not been conducted. I also received correspondence from Israel on policy change that occurred after this paper was submitted and have integrated this into the paper.[30]

These methods have some obvious limitations. Elite interviews[31] with policy makers in Israel were compared with interviews of practitioners and clients in Japan. Balancing this, the accessible literature in Japan was richer than that from Israel.[32] Given that this was assessed work my coding could not be crosschecked for reliability (Smagorinsky, 2008). The fact that the author cannot read Hebrew meant that it was hard to triangulate some data and figures from interviews. Wherever possible multiple sources were used to cross-reference information.

This research presented two main ethical concerns. Israel's policy 'elite' all appear to know each other. One interviewee asked me how it had been speaking with X the previous day. Fortunately X had not wanted to be anonymised. It is possible that

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[28] Matsumoto, following over twenty years of research in this field as well as earlier practical experience with CWI, recently set up a 'family-home' which will care for five-six foster children.

[29] This interview, and the one with Professor Tsuzaki last year were conducted in English

[30] The Ministry of Social Affairs were kind enough to email me to acknowledge the contribution made to the debate by this paper, along with the translated executive summary. They were also kind enough to inform me of recent developments promoting foster care.

[31] One note of concern prior to beginning was the almost complete lack of guidance, other than departmental, for elite interviewing. In reality however this did not seem to pose any particular issues. According to best practice (CUREC Protocol No. SSD/IDREC/2008/P 14.1) sensitive results were communicated to interviewees in order to check accuracy, though not analysis.

[32] Due to my inability to read Hebrew

this constrained people's abilities to speak, although it appeared to me to allow people to open up more, knowing that I was meeting other elite participants. The second ethical concern regards using transcripts collected for one study in a separate study. Both studies respectively received ethical clearance. In agreement with my supervisor I decided to use the last year's transcripts and as a precaution, anonymised even the participants who last year had not requested this.[33]

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[33] With the exception of Professor Tsuzaki who I was able to contact about this paper

5. Discussion and Analysis

5.1 Israel

i) List of interviewees

All interviews were conducted in April 2013. Attar-Schwartz, Benbenishty, Zeira and Grupper are academics. Grupper is also the former director of the residential education in the Ministry of Welfare, president of FICE Israel, and vice president of FICE international (the largest supranational advocacy coalition for residential care). Sulimani-Aidan is both a researcher and a social worker. Brantz and Dori are the head supervisors of children at risk (residential care) in the Ministry of Social Affairs. Lebovitz holds the equivalent post in foster care, also in the Ministry of Social Affairs. Amiel is the director of the Summit Institute, one of the four non-for-profit (NPO) providers of foster care. Melmed is also a director here. Hasin, Sorek, Szabo-Lael and Zemach-Marom are all researchers at the Myers-JDC-Brookdale research institute, which carries out research for and alongside the government. Shomar is the director of a Palestinian Christian residential childcare facility.[34]

ii) The Genesis of post-war alternative childcare

In order to understand the mechanisms of path dependency in play here we must first look back at the path. The first institutions for alternative childcare came in the early 1800s following the 'mass influx to Palestine of orphan and dependent children… [from] the pogroms in Russia' (Jaffe, 1978, p170). This was followed by the 'arrival of thousands of homeless children from pre and post-war Europe and … the mass immigration of Jewish families from Islamic countries to Israel after 1948' (Jaffe, 1978, p170-1). Almost every interviewee began with an overview of the history of residential care in Israel, its role in saving and raising children after the holocaust, in socialising values into waves of immigrant children from CIS and then Ethiopia, and the broader history of the kibbutz and children's homes (for more see Dolev, 2009). The relative size of the population and the economic conditions of the time meant that 'whilst there were some reservations about the mushrooming of children's institutions and villages, the necessity for providing immediate mass shelter left little choice' (Jaffe, 1978, p171).

There was limited foster care provision. 'In 1958 only 222 children were placed by government welfare services in foster homes, primarily due to poor economic conditions, but also because of the feeling… that natural parents would not accept the

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[34] This information has been presented here, rather than the methods section, for ease of reference.

threat of a substitute family, and that older children… required professional treatment' (Jaffe, 1978, p177). A rise in economic conditions saw foster care rise to 16 per cent in 1964-5 (Jaffe, 1978, p177).

Jaffe describes 'two distinct welfare systems', public and private and states that 'foreign philanthropy, coming to the aid of indigenous welfare groups, have tended to determine basic Israel child welfare policy and the dominant direction of services by establishing major organisations and programs around ad hoc needs as they perceived them' (1978, p181). This has resulted in 'an uncoordinated unconceptualized national welfare plan' structured by 'the practices and prejudices of the past three decades' rather than the needs of the children (Jaffe, 1978, p181-182).

In 2003 only 1 per cent more children in alternative care were in foster care than in 1964-5. Some suggest that 'cultural' norms of group childcare explain this stability (see Lev Lalev, 2013). Arguing against this, Sulimani-Aidan notes that

> In Israeli society… when the country first started they had kibbutz, they had like children's houses, and all the children, of all the families, normal, everyone, they went to child houses… they believed in all their hearts that they are not supposed to raise their children… So, now there isn't anything like this. So, if you think about this, it's amazing.
>
> Interview, 2013

Monocausal explanations based on 'cultural norms' overlook the fact that 'culture' is contested and in flux. Thus, this paper turns to other explanations of stability and incremental change from the viewpoint of the gatekeepers.

iii) Perpetuation of the System.

Residential facilities in Israel draw on their histories for their standing in the present. There is a 'collective memory' (Rothstein, 2000) of their role in building the nation, meaning that 'it is morally legitimate to send a child [to a] boarding school' (Brantz, interview, 2013; see also Dolev et al, 2009, p73).[35] In Hebrew the word for residential care, *pnimia*, is the same as for boarding schools (Attar-Schwartz; Hasin; Lebovitz, interviews, 2013), which contributes to a non-negative image of residential care. At the gatekeeper level, this non-negative image contributes to system stability.

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[35] Over the last twenty years, between 10 and 14 per cent of 12-18 years old have been placed into residential education (Grupper, 2013, p228).

Decisions to remove a child from their family, and for the placement type, are made in one or two decision committees. These are 'multiprofession teams… [with a] child protection officer, family social worker, representative of the community, the family, the parents, and also if the child is old and mature enough, the child' (Zeira, interview, 2013). As a default position, children aged up to 5-7 go to foster care, and children of 6-7 upwards go to residential care (Zeira; Halin; Dori, interviews, 2013).[36] Zeira noted that 'if you have a two, or a three year old child, *naturally* you would look at the most, you look first around the family, and then you look elsewhere.' Halin said that 'seeing a five year old live in a group instead of having parents, it's heartbreaking. First of all its culture.' The degree to which this view was held as self-evident reflects the strength of this construct of infancy. A decision was recently made to move this age threshold to 9 years old, which will further increase the amount of children entering foster care over residential care (Szabo-Lael, correspondence, 2014).

For children of 6 or older the social worker plays a key role in the decision. Here the 'easier default is residential care, rather than foster care' (Benbenishty, interview, 2013). 'If it is a residential care, the welfare department doesn't really do much, they decide, they send the kid, and they are done with the work. It is more on-going with foster care' (Hasin, interview, 2013). Social workers, who have large caseloads (Zemach-Marom, interview, 2013), are incentivised by structural arrangements regarding follow up to place children into residential care. However placements are not decided purely on rational understandings of self-interest. How residential and foster care are perceived by gatekeepers is of central importance.

Gatekeepers in Israel seek to make decisions with 'as much parental consent as possible' (Attar-Schwartz, 2009, p430), seeking to facilitate continued relationships in the best interest of the child (see Biehal and Wade, 1996; UNGACC, Articles 49-52).[37] Parents often prefer residential care as it presents less of a threat to their image as the child's parents than a foster family does (Lebovitz, interview, 2013).[38] In Israel 25 per cent of cases involve a court order (Attar-Schwartz, 2007, p230). However there is a conscious effort to 'try to persuade the family, it's a solution and the child has not gone from you' (Brantz, interview, 2013).[39] The strength of parental influence on placement

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[36] If a child aged six or under is to be put into residential care it needs to be authorised by the ministry of social affairs (Dori, interview, 2013)

[37] This is what Gilbert terms a 'family service' model of alternative childcare (2012, p533)

[38] The analogy of quiet was also given by Amiel, who argued that residential facilities 'provide industrial tranquillity for the government'

[39] The knowledge that the court is likely to side with the social worker means that 'agreement' from the parent is qualified (Attar-Schwartz, interview, 2013).

can be seen in the number of children who do not have families to return to upon leaving care. In residential care 15 per cent of children have no home to return to (Dori; Amiel, interview, 2013), compared to 84 per cent of children in foster care (Lebovitz; Amiel, interview, 2013).

Additionally, residential care is still seen as 'a known commodity. If you send to a foster family you rarely know who will be that foster family' (Benbenishty, interview, 2013). Several interviewees argued that residential care is suitable for some children due to the concentration of services and expertise in one location (Attar-Schwartz; Sulimani-Aidan; Benbenishty, interview, 2013). Foster care is not seen as capable enough for the more difficult children. Despite this perception one foster care provider states that 'one in five children who enter the foster family framework are medically defined as physically or mentally disabled' (Summit, 2012, p3), and Lebovitz states that 'the profile [of children in both care types] is the same.' Whether true or not, the gatekeepers' perceptions on the relative professionalism and capability of both types of care is significant.

At present Israel does not have enough registered foster families (Zeira; Amiel; Benbenishty, interviews, 2013).[40] Israel faces particular racial, religious and ethnic cleavages[41] that mean, for example, that an ultra-orthodox child cannot be placed into a foster family in any other religious group. This results in a preference in some cases for the more diverse residential facilities. All of these factors have contributed to stability. So what has changed? How can the gradual recent changes in foster care rates be explained?

Until May 2001 foster care in Israel was organised on a fragmented local level; 'it was spread in like, sixty local welfare systems, and there wasn't any unifying ways of work… so it wasn't systematic, the foster care social care, social worker wasn't specifying [specialising] in this' (Zemach-Marom, interview, 2013). Lebovitz, the national coordinator of foster families, reformed this in 2001 (Lebovitz; Szabo-Lael, interviews, 2013). Foster care provision and supervision was privatised to four NPO providers, each covering a regional area of Israel (Dolev et al, 2009, p84-85). Prior to this, in 1999, Lebovitz had removed pay for foster carers, leaving only the subsidy for the child. This was in order to build institutional trust in foster carers, by recruiting only 'families that

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[40] To build resources here the Ministry of Social Affairs and the four NPOs are about to launch a new joint recruitment campaign (Amiel; Lebovitz, interviews, 2013)

[41] See Attar-Schwartz et al (2010, p4) on the importance of considering 'ethnic / cultural affiliation and religion of the investigated communities' in Israel

are not doing it for money' (Lebovitz, interview, 2013). These two reforms within the subsystem of foster care have had an incremental effect on foster care rates. However, as we shall see, veto points and lock-in effects at the larger subsystem level of alternative childcare have served to limit the extent of incremental change.

The privatisation of foster care has increased coordination and effectiveness from learning. A 'community of practice' (Freeman, 2008, p377) has been built, which meets monthly and has an 'online community of knowledge in the foster care' (Lebovitz, interview, 2013). This facilitates the accumulation of human capital and the development of professionalism. This group, of the ministry, the four NPOs, and academics is 'writing our Tora, our understanding [of] how things are going to be' (Lebovitz, interview, 2013). In Sabatier's terms this is a 'nascent' policy subsystem, as it is relatively new and, in comparison to residential care, there is a 'lack of trained personnel in the subsystem' (Sabatier and Weible, 2007, p193). It is widely perceived (Attar-Schwartz; Szabo-Lael; Benbenishty, interviews, 2013) that in Lebovitz this advocacy coalition has the resource of 'skillful leadership' (Sabatier and Weible, 2007, p193).

In addition to forming a foster care advocacy coalition, these structural changes have changed the incentivising structure of the gatekeepers. Family selection, now from a single national database, and follow up work of children in care are now done by the NPOs. This minimises the work of the placement committee social worker (Szabo-Lael, interview, 2013). As a result of these reforms foster care in Israel has risen from 15 per cent to 22.6 per cent in seven years.

Following recent debates, conducted after this paper was submitted, the Ministry of Social Affairs have stated that foster care placements will become the 'first priority for out-of-home placements in Israel rather than residential care settings' (Lebovitz, correspondence, 2013). A committee will be set up to 'submit operative recommendations that should be taken in order to fulfil such a reform... the findings of the committee will receive, then, the full support of the director' (Lebovitz, correspondence, 2013). This committee will examine public care in Israel more broadly, including the role of decision committees and adoption. This centrally planned and organised reform seems likely to lead significant growth in foster care rates.

There are two main factors acting to limit this incremental change, the advocacy coalition for residential care, and a lock-in effect of institutional arrangements. There 'is a lot of power in the institutional system in the welfare ministry, and it wouldn't be easy

to change the balance of power and direct the resources to other out-of-home care' (Attar-Schwartz, interview, 2013). The residential care advocacy coalition is more established than that of foster care. The heads of the institutions have a committee, which recently successfully lobbied the Minister of Welfare against proposed budget cuts (Grupper, interview, 2013), and 'gained substantial public support' in their opposition to the towards the community policy (Dolev et al, 2009, p84). This strength comes from their history, their coordination, and the percentage of the children in care that they care for, leading to 'diminished capacity' (Donahue and Zeckhauser, 2008, p508) of the government. As almost all my interviewees noted, this is not mechanistic self-preservation. Those providing care in residential settings believe that they are offering the best quality care for children (Dolev et al, 2009, p76) and seek to stabilise the system in part for this end.

The structure of residential care placements has a lock-in effect that limits incremental change. In the words of Lebovitz, 'if the residential place have now fifty children, he must have fifty to balance their costs. So if he has only forty, all the fifty children are without placement.' Between 2003 and 2010 gatekeepers have been placing more children into foster care. Yet the social worker on the decision committee is aware of the need to keep the privately run residential facilities running in order to safeguard the placements of the children already in that facility as there are not enough suitable alternative placements. This caps the amount of discretion that gatekeeper can exercise, acting to limit incremental change.

Lebovitz spoke repeatedly of the limiting effect of institutions not being shut. 'I am telling them, each year close one… but they are afraid' (interview, 2013). This can be understood in terms of the fear of negative losses outweighing the potential gains.[42] Benbenishty argues that 'you cannot just open and close institutions at will….you don't know whether a year… or three years from now… when you need more of them, you may find out that you cannot just decide to open a new one' (interview, 2013). The lack of coordinated action at the higher subsystem of alternative childcare acts as lock-in against the effects of the change enacted at the foster care subsystem level.

There are three addition reasons for stability in alternative childcare, here important due to their absence. Firstly, there appears to be a complete absence of pressure from supranational bodies on the question of alternative childcare (Zeira;

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[42] Quattrone & Tversky's prospect theory (1988, referenced in Sabatier and Weible, 2007, p194)

Grupper; Dori; Szabo-Lael, interviews, 2013).[43] Secondly there is no financial pressure towards deinstitutionalisation. For comparative purposes let us consider Australia. In the fiscal year 2003-2004 New South Wales 'spent $58.5 million (Australian)… for 169 children and youth (about $346,000 per child)' in residential care (Ainsworth and Hansen, 2009). This equates to approximately £16,939 per child per month. Due to the large capacity of the residential facilities and the mixed levels of professionalism of the staff (Grupper; Brantz, interview, 2013), Israel is able to maintain costs of between £366 and £1,831 per child per month, with costs varying by the nature of the facility (Brantz, Dori, interview, 2013).[44] Whilst this is higher than foster care (Lebovitz, interview, 2013) it is not a significant enough difference to prompt deinstitutionalisation for financial reasons.

Finally, residential care in Israel is generally seen as providing a good level of care (Zeira, interview, 2013) with dedicated professional heads (Benbenishty, interview, 2013). Benbenishty notes that 'the institutions are not bad, not Dickens kind of thing… fewer cases like that, fewer public outcries, the more they are under the radar.' In other countries public outcries over abuse scandals have prompted change (Gilligan, 2009; Bullock and McSherry, 2009; Ainsworth and Hansen, 2009). Whilst recent research (Attar-Schwartz, 2011) suggests that there is significant level of lower-level abuse in residential care, in the words of Zeira, 'nobody has died yet. You need somebody to die, or severe abuse to make the noise for such a change' (interview, 2013). The quality of care and the absence of visible severe abuse contribute to the stability of the system by preventing the 'big bang' (Schmidt, 2010, p50) shocks to the system that can lead to radical change from path dependency.

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[43] Supranational bodies instead focus on issues regarding Palestine (Szabo-Lael, interview, 2013) See for example UN Committee on the Rights of the Child 2010 report on Israel (CRC/C/OPAC/ISR/CO/1)

[44] Different levels of facilities are paid different amounts per child; 'education about 2000 shekels per month [£366], rehabilitation 4,500 [£825], treatment 6,500 [£1,191] and the last one [post-hospitalization] is 10,000 [£1,831]' (Brantz, Dori, interview, 2013). All rates calculated August 2013

5.2 Japan

i) List of interviewees

Matsumoto and Watanabe were interviewed in July 2013. Matsumoto is an academic and Watanabe is the director of Key Assets, a foster services provider. The remaining interviews were conducted in March and April 2012. Tsuzaki is an academic. Maeda, Hiromoto and Kuribayashi are government bureaucrats. Maeda works in a prefectural child and family division, Hiromoto is the head of a child guidance centre (CGC) and Kuribayashi works at a CGC. Yamada, Komine and Tanaka are care leavers. Komine and Tanaka founded care leaver associations. Itō is a final year high school student year-old living in a CWI. Yamamoto is a senior staff member at a private CWI. Takahashi works in a public CWI and Nomura is a former CWI staff member.[45]

ii) The Genesis of post-war alternative childcare

The first orphanages in modern Japan were set up in the 1870s and 1880s by Christians from France and Japan. The Sino-Japanese war of 1894-5, along with industrialisation saw an increase in the number of children in need. Religious groups and other organisations responded by setting up more orphanages (Goodman, 2000, p48). Of the '170 orphanages founded prior to the outbreak of the Pacific War in 1941, only six were administered by public authorities' (Goodman, 2000, p49). The Pacific War saw an explosion of need, and numbers of facilities jumped from 86 at the end of the war, to 528 in 1955. There are currently 585 CWIs, however the proportion that are private has risen from 77 per cent in 1955 to approximately 90 per cent (Goodman, 2000, p52). Private institutions grew 'faster as a variety of new charitable and religious groups moved into the sector. Most of these new homes had an overseas Christian basis… Others… were the work of Japanese new religious movements' (Goodman, 2000, p51). The infant welfare institutions, for zero to two year olds, were all founded post war and 'generally funded by overseas charitable foundations' (Goodman, 2000, p45). There was an explosion from only 19 institutions in 1945 to 131 in 1960 (Goodman, 2000, p46). The amount of infant welfare institutions has stabilised, fluctuating from 114 in 2002 to 131 today. Each institution houses an average of 23.4 babies and infants (MHLW, 2014, p1).

CGCs were set up in every prefecture and major city to provide temporary accommodation and care for huge numbers of children in need following the Pacific War (Goodman, 2000, p35-6). These are the gatekeepers of alternative childcare and are

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[45] As noted previously, this has been supplemented with knowledge gained during four months of DPhil research in a Child Guidance Centre, though additional interviews specifically on this topic have not been carried out.

practically responsible for the legal decision to remove children from their families, on which care type to place them into, and on following up and assessing these placements. 'When CGCs were first established, there was no focus on intervening into or addressing child maltreatment, which was not yet recognized as a social problem' (Goldfarb, 2012, p34). These institutions have had to adapt to the changing needs of children, more recently, the explosion in the numbers of children.

In 1955 20.3 per cent of children in care were in foster care (Goodman, 2000, p137). 'In almost all cases, however, the natal family and the fostering family knew each other' (Goodman, 2000, p141) and there was 'very little state support… and… no system to check on the well-being of the child' (Goodman, 2000, p141). Over time the CGCs took on the role of recruiting and training foster carers, though to this day this varies enormously between regions. As such, there is no tangible foster care system to trace the genesis of.

The physical and human infrastructure that shapes alternative childcare today is the result of ad hoc and piecemeal solutions to necessity in difficult economic and social times in post war Japan. These solutions were often supported by external religious groups. A professional child social worker system was not set up. To this day CGC caseworkers are overwhelmingly generalist civil servants who lack specialist training (Goodman, 2000, p37-9).[46]

iii) Perpetuation of the System.

The CGC provides services that in the US are provided by eight different legal bodies (Tsuzaki, 2009, p169).[47] These include taking the legal decision to remove the child from their family and on which type of alternative care to place the child into. Despite this array of services, and in line with public service in other areas, staff are rotated on average every three years (Goodman, 2000, p37).[48] This rotation of staff prevents an accumulation of expertise and human capital, and means bureaucrats untrained in social work are making decisions on child welfare (Goodman, 2002, p151; Watanabe, interview, 2013). Each CGC worker has an average of 107 cases (Goldfarb,

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[46] There are some prefectures that are exceptions to this rule (see Goodman, p37-9)

[47] Child protection service, children's advocacy centre, juvenile court, children's hospital, community health centre, board of mental retardation / developmental difficulties, board of education, child guidance clinic (Tsuzaki, 2009, p169)

[48] This is not completely standard across the country. In Fukuoka City some of the key senior management have been in the CGC for over 15 years whilst the case workers rotate every two to five years, whereas in Sapporo the senior management rotate every two to three years but the case workers stay from five to eight years. These two appear to be extreme cases.

2012, p102, footnote) and cannot track individual progress over time. There is strong political opposition to increasing the amount of public servants, which, along with the explosion of abuse cases, has lead to an increase in workers caseloads. Whilst CGC staff acknowledge the expertise that CWI heads and staff have (Hiromoto; Kuribayashi, interview, 2012), many in CWIs feel that they have more practical knowledge than the CGC staff (Goodman, 2000, p69; Tsuzaki, interview, 2012). This supports Donahue and Zeckhauser's concept of the 'diminished capacity' that comes with outsourcing provision (2008, p508) and can strengthen path dependency.[49]

The Japanese legal system does not support the welfare system (Human Rights Watch, 2014, p111). Of 40,639 cases of abuse reported to CGCs in 2007, the CGCs took four to court, and parental rights were cut once (Goldfarb, 2012, p26). Even where a court order for removal is obtained it is unclear whether or not the parent can later remove the child from the CWI (Goodman, 2000, p39).[50] This can be seen in two ways. The first is that parental rights are stronger than children's rights (Tsuzaki, interview, 2012), and that 'rights' are constructed differently in Japan (Goodman, 2000, p137-139, p157-167). The second is that there simply is not the legal infrastructure to deal with a high volume of cases (Watanabe, interview, 2013). In addition to the small capacity of the legal system (Goodman, 2000, p158), structural arrangements favour and promote conservative values in the judiciary (West, 2011, ch1). Whether due to constructs of rights or structural impediments, gatekeepers are forced to negotiate with parents not only on where to place their child, but also on whether they can even remove them from the family. The interplay of different systems (Pierson, 2000, p255), here the gatekeeper system, and in absentia the legal system, serves to stabilise the status quo.

The lack of a foster care advocacy coalition also contributes to stability. Indeed the MHLW is now trying to create 'a coherent coalition to promote knowledge of foster care' (MHLW, 2012a, p28-30). In contrast to foster care there is an extensive advocacy coalition for residential care. At the heart of this is a national committee of the heads of the institutions, which has a research budget and facilitates learning between different CWI (see NCWIIRC, 2011). Whilst this committee does excellent work to develop the care it provides, there is also evidence that it has acted to safeguard the system through stifling the voices of children in care. This committee arranged a national conference for children in care, which it then 'crushed' and refused to re-run, when stories of abuse in

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[49] Conversely however, the outsourcing of foster care in Israel appears to have centralised and strengthened government capacity in this area, perhaps due to tight ministry leadership.
[50] When a child is removed by a parent no follow up is carried out (Goodman, 2002, p136-7)

CWI surfaced at the conference, and made it to the media (Tsuzaki; Komine, interviews, 2012; Watanabe, interview, 2013).

The lack of legal support for the CGC increases the weight of the parent's opinion at the gatekeeper level. Almost invariably parents prefer residential care (Matsumoto, interview, 2013; Hiromoto; Kuribayashi, interviews, 2012; Tsuzaki, 2009, p143; MHLW, 2012a, p28). This in shown in the fact that 71.9 per cent of children in foster care have no contact with their biological families, compared to only 16.1 per cent in CWI (MHLW, 2009, Table 14-1). Gatekeepers seek to reunite children with their families, and residential care is seen as facilitating this more than foster care (Goldfarb, 2012, p1-3, p27; Bamba, 2010).[51] It is hoped that 'family-homes' will be more palatable to parents than foster care, as 'they have a scent of institution about them' (Maeda, interview, 2012).

Historically there has been little fostering for the sake of the child (Goodman, 2000, p141-2; Murata, 2006; Dower, 1999, p61; Kumasaka and Aiba, 1968). The exception here appears to be the extraordinary circumstances post-war.[52] The Japanese government argues that there is a common belief in the 'general public… that one must be an extraordinary philanthropist to become a foster parent' (MOFA, 1996).[53] Watanabe noted that this is often explained with reference to 'blood ties' (interview, 2013). Despite the limitations of these monocausal static explanations, they serve as powerful arguments. As Goldfarb notes, 'an explanation of the child welfare system rooted in ahistorical and essentialist claims about what Japanese people *are*, has the pragmatic consequence of positing the unchangeability of the system itself' (2012, p11).

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[51] This is in part as care is framed as temporary. Despite this, the average stay in each institution is 4.6 years (Goldfarb, 2012, p27). As children sometimes move to a second institution the actual total time in care is actually longer than this. A recent survey in Tokyo of care-leavers showed that 20 per cent of children surveyed were in care for 5 to 10 years, 19 were in care for 10 to 15 years, and 17 per cent spent over 15 years in care (Tokyo, 2011b).

[52] Following the 2011 earthquake and tsunami in Tohoku there was a surge in the number of registered foster families, suggesting that where children are perceived as innocent, blameless, and receive enough media attention there is a great level of potential foster carers. It is possible that this fits into what Campbell terms 'the artifactual' type of policy making in Japan 'in which circumstances… introduce a period of dynamic policy making that includes otherwise unpredictable welfare initiatives' (cited in Kasza, 2006, p152)

[53] To try to combat this confusion the MHLW introduced a new category of foster carer – those who are fostering with a view to adoption – in 2008 (MHLW, 2012a, p18)

It is important to remember that values are neither ahistorical, nor uncontested.[54] In order to change the discourse of foster care, some have suggested that Japan needs to adopt 'foster carer' as a loan word into Japanese (Watanabe, interview, 2013; Yamamoto, interview, 2012). This would reflect the different contemporary role of foster carers (Murata, 2006; see also Kumasaka and Aiba, 1968, p252-259; Goodman, 2000, p141). Whilst some in foster care seek a break from the past, CWI utilise their history to legitimise their present (Goodman, 1999, p73). On significant anniversaries some CWIs publish 'a new history of the home… [which plays]… an important political role in reconstructing a past which reflects well on the institution and sets out the need for its continuation' (Goodman, 2000, p53).

There is, at present a lack of trust in the foster care system by some gatekeepers. There is a sense that if children were moved from the CWI to foster care the placement would breakdown and the child would have to be moved (Matsumoto, interview, 2013; Hiromoto, interview, 2012), yet statistically the profile of children in each care type appears similar (MHLW, 2009, Table 1, 2, 12). Irrespective of the reality, the perception of difference in capabilities of foster care and residential care is critical in the gatekeeping process.

There are also structural incentives pushing gatekeepers to place children into institutional care. A placement into foster care requires considerably more follow up for the gatekeeper than a placement into residential care,[55] which is seen as 'taking on the burden completely' (Tsuzaki, 2009, p157). There is no 'professional child social work system' and there are no plans to set one up (Goodman, 2000, p179). Instead, 'the provision of welfare services has been very largely through private institutions and organisations, but… overseen and regulated (though often at some remove) by public agencies' (Goodman, 2008, p101). This regulatory CGC model fits the institutional system, where CWI recruit and train staff and assess child development, much better than it fits the foster care system, where recruitment, training, and assessment have to be conducted by the CGC.

There are lock-in effects that may limit incremental change carried out on a gatekeeper level if not also accompanied by structural reform. A change in funding in

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[54] A recent 13 part series on the value and naturalness of becoming a foster carer in the Asahi Newspaper is an excellent example of the contestation of these values (Sugiyama, Inoue, 2011)
[55] Legally children who have been fostered are supposed to be visited every two weeks for the first two months, every two months for the next twenty-two months, and then bi-annually (MHLW, 2012a, p29). It is unclear on whether this is carried out (see Tsuzaki, 2009, pt157)

the late 1990s saw money being allocated to CWIs by child rather than by total capacity (Goodman, 2000, p79). Goodman predicted that this would lead to the survival of only the best facilities as CGCs directed children to these (2000, p79). However, as in Israel, the lock-in effect of gatekeepers knowing that CWIs have a threshold of financial viability, coupled with the absence of enough suitable alternative placements means that these predictions have not materialised. It is probable that this mechanism will also serve as a cap on the incremental increase in foster care that the 'Guidelines for placing children into foster care' (MHLW, 2011b) calls for. Public CWI may be relatively easy to close at a prefectural level, by moving children into foster care or existing private institutions. However, private facilities will be harder to close, due to the lack of alternative placements, the lack of a professional support network or sufficient training for foster families (Tsuzaki, 2009, p157; MHLW, 2012, p29; Japan Child and Family Research Institute, 1999, p35), and the presence of a strong advocacy coalition for residential care. Indeed, the lack of tangible support, or concrete advice for prefectural authorities is a common theme when discussing the 2010 vision (Goldfarb, 2012, p102; Higuchi and Nakamura, 2013; Matsumoto; Watanabe, interviews, 2013) and 2011 Guidelines.

Despite all these factors contributing to stability, it is possible to see considerable variation in foster care rates between regions in Japan and within one region over a short space of time. Foster rates vary from 5 per cent to forty four point three per cent across prefectures (MHLW, 2014, p24). Fukuoka City is the fastest changing area, moving from a foster care rate of 6.9 per cent in 2004 to thirty one point five per cent in 2012 (MHLW, 2014, p26). Given that the profile of children in need only varies incrementally over the time period and geographical space considered here, these variations clearly demonstrate space for discretion in implementation of the policy. So what has caused the incremental changes that we see in foster care rates?

Japan is aware of its extremely low ratio of foster care to residential care (MHLW, 2012, p23).[56] There is a voluntary shift in policy goals 'because of a perception amongst key policy-makers that they were falling behind an international trend' (Dolowitz and Marsh, 2000, p14). Japan had previously ignored three UN reports urging the reduction of residential care use (Goodman, 2000, p200). Yet it appears that slowly an awareness of external perceptions of Japan have taken hold and prompted

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[56] The countries given by the MHLW for comparative purposes are England (71.7%), Germany (50.4%), France (54.9%), Italy (49.5%), America (77%), Canada (British Columbia 63.6%), Australia (93.5%), Hong Kong (79.8%), Korea (43.6%), and Japan (12%) (MHLW, 2012a, p23)

action, contributing to the 'Guidelines for placing children into foster care' (MHLW, 2011b), which outlines plans for deinstitutionalisation.

There are also domestic actors driving for change (Tsuzaki, interview, 2012). The academic Kashiwame, who has been influential in the promotion of the new 'family homes' (Matsumoto, interview, 2013), describes these new facilities as providing 'a lifestyle that is so obviously right for children' (Kashiwame, 2010).[57] As with arguments against foster care that centre on blood, this is a good example of a 'norm' being used to strengthen an argument, 'as one cannot successfully argue against the 'proper order of things' (Shore and Wright, 1997, p12).

Unlike in other countries, and in contradiction to the theoretical predictions laid out in section three, major abuse cases in institutions are common in Japan but have not acted as a trigger for change. The CWI are generally seen as providing a good standard of care. Twenty-three point one per cent of children in Japanese CWI begin university.[58] This dwarfs other OECD figures for care leavers, such as Sweden (13 per cent), England (9 per cent), and Denmark (3 per cent) (Jackson, 2013). This could be argued to be indicative of the quality of care that some CWI provide. Despite this image there have been several sensational cases of children abused and even killed in CWI. One of the most extreme saw a child beaten to death by staff with wooden swords (Goodman, 2000, p118-121).[59] Rather than acting as a policy window for change, or as triggers for structural reform, these cases are invariably labelled as the fault of an individual (Goodman, 2000, p118-121), and never criminalised.[60] Usually the staff member in question apologises, resigns, or is moved to a different facility (Goodman, 2000, p118-121). This attribution of blame to the individual diffuses the perception of need for structural change.[61] The lack of a coherent foster care association to use abuse cases in CWI to promote their agenda is also probably a telling factor here.

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[57] The word *atarimae* is used here. This is used for something so self-evident that on its own it is often translated as 'duh'.

[58] This figure rises to 40 per cent for foster care leavers (MHLW, 2012b, p366-7)

[59] Another particularly shocking case saw a group of children who wrote to their prefectural governor, then went to their local CGC to speak about the severe abuse they were subjected to in their CWI, only to be sent back to the same CWI with a hope that the staff member in question would resign (Goodman, 2000, p118-121)

[60] A recent EU report into investigations of abuse warned explicitly against looking at institutional abuse cases being treated solely on an individual level (EEG, 2009, p15).

[61] In order to comply with the UNCRC children, children in alternative care now have a formal channel to report abuse. Perhaps contrary to the spirit of the UNCRC this takes the form of a letterbox on the staff-room door of the CWI.

Another possible reason why these cases have not prompted change are the visible cases of deaths through abuse in foster care (Tsuzaki, 2009, 151-172). In one of these the abusive mother called the CGC prior to killing the child but was ignored due to a heavy caseload and a lack of social work training (Tsuzaki, 2009, 151-172). CGCs are concerned that if a child they place into foster care dies they will get 'bashed' (Tsuzaki, 2009, p142). The CWI serves to act as a layer of responsibility between the gatekeeper and the child being abused in care.[62] It could be argued that the local government outsources moral responsibility along with service provision, and the gatekeepers' fear of taking on this moral responsibility contributes to stability.

Finally, as with Israel there is a lack of financial impetus for change in Japan. CWI are paid approximately 270,000 yen (£1,811) per child per month, which is not significantly more than the 120,000 (£805) that foster families, or the 170,000 (£1,141) that specialist foster families receive (MHLW, 2012a, p11, 13). As in Israel, this is achieved by a high child to staff ratio (currently 5.5 children to 1 staff member). CWI Staff in Japan have usually completed university, though high turnover, due to long hours and a glass ceiling on promotion keeps running costs down. Here sunk costs and transition costs contribute to stability. The decentralised nature of the deinstitutionalisation plan also acts as a barrier to change here, with local governments rarely being in the position to be able to close a private CWI.

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[62] This has similarities with Amiel's thoughts in Israel, who argued that residential facilities 'provide industrial tranquillity for the government' (interview, 2013)

6. Conclusion

The dichotomy presented in this paper, between post-war 'stability' and recent 'incremental change' is a little artificial. As previously argued, no system is ever completely static and fluctuations in the foster care rate demonstrate this. Yet there is a clear change in policy / policy implementation in both these countries since around 2000, and it is argued that this incremental change will lead, over significant time, to a sustained promotion of foster care rates and, directly or indirectly, to system level change for alternative childcare provision.

In both Israel and Japan, institutional stability can be explained within a sociological perspective on historical institutionalism framework, focusing on path dependency mechanisms and the relative strength of the residential advocacy coalition of each country over the respective foster care advocacy coalitions.

In both countries the majority of institutions were set up by private and religious organisations following WWII to meet extraordinary levels of need, in times of social and economic turmoil. Residential facilities in both countries draw on this heritage to legitimise their present standing. The large set up costs in the ad hoc development of these institutions set alternative childcare in both these countries onto a path. It led to the concentration of alternative childcare expertise into largely private institutions that increased in effectiveness with experience. The development of support and regulatory frameworks for these institutions led to interlocking systems working together with increased coordination, increasing stability. Neither country has seen 'big breaks' in these systems, despite the abuse scandals of residential care in Japan.

In both countries natal parents have preferred residential care to foster care, as it poses less of a threat to their image as good parents. In Japan this preference is amplified by the inability of gatekeepers to seek legal support and thus their need to persuade parents to allow their children to be taken into care.[63] More broadly, there is a desire in both countries to work with, rather than in conflict with, the parents with the goal of keeping them engaged in the child's life. In Japan the fragmented local level structure of foster care recruitment, training, and management, does not fit the regulatory gatekeeper model as well as residential care does. In addition residential care is seen as 'safer', and as taking more of the responsibility in the eventuality of abuse in care, than foster care. For gatekeepers with very limited time available for each case,

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[63] Some Child Guidance Centres are starting to increase their use of 'Article 28', which allows them to remove children who are in immediate danger from their family, though this varies enormously between CGCs and many do not use it at all due to the complicated legal process.

residential care represents an easier option for placing a child. The inability for local government, who in Japan are tasked with increasing foster care rates, and for central government in both countries to close CWI poses serious limitations on current plans to increase foster care rates. Both countries lack the financial incentives to close institutions that promoted change in other countries.

In both countries the requirement of gatekeepers to keep residential facilities financially viable due to the lack of sufficient suitable alternative placements acts as a lock-in, capping incremental change. In Israel the interlocking of the legal, social work, and gatekeeper systems serves to strengthen the gatekeepers ability to promote change. In Japan the absence of a supporting legal system and the absence of a professional child social worker system significantly limits the ability of gatekeepers to promote change *whilst ensuring standards of care.*

The incremental change in Israel and Japan can be understood in light of Mahoney and Thelen's theory of gradual institutional change (2010), complimented by Sabatier's advocacy coalition framework (2007). The gradual change in both countries has been prompted by different mechanisms.

In Israel no targets have been set.[64] Instead structural reform at a subsystem level, of foster care organisation being moved from local gatekeepers to four NPOs, has changed the incentivising structure for gatekeepers, and allowed the creation of a foster care advocacy coalition and community of learning, which in turn facilitates the development of expertise and human capital. This has contributed to the percentage of children in foster care increasing from 17 per cent in 2003 to 22.6 per cent in 2010. The recent changes prioritising foster care placements over institutional care and the central planning that will underpin these reforms, along with increasing the 'default' age for entering foster care to 9 years old are likely to increase the foster care rate even further. It is essential that the foster service providing NPOs are provided with sufficient support and resources to enable them to develop their capacities accordingly.

In Japan gradual change has come through a change in the implementation of existing rules. This has been motivated by newly set targets, in part inspired by policy learning. This new policy direction has not changed the incentives of gatekeepers other than by placing pressure on them to increase the foster care rate. As yet there have been minimal structural reforms to support this. The most significant of these see a foster care

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[64] At least no public targets have been set.

specialist being placed into some CWIs, and the creation of family homes (as foster care).[65] The 'foster care specialists' are very unclear on their role and the division of labour in supporting foster care between the CGC and this new position is very ambiguous. It seems that an inability to increase the number of public employees in the CGC to support foster care, due to political opposition to increasing public employees, has led to extra money being given to CWI in the hope that the CWI lead their own deinstitutionalisation and become the hubs of support for foster care in their area. This is completely unsupported by financial incentives to the CWI or even clear explanations as to why the CWI should want to do this. The setting of targets and implementation of new guidelines on foster care has seen the percentage of children in foster care move from 7.7 per cent in 1995 to 12 per cent in 2011. The wide variation between regions in Japan demonstrates the local nature of the change in policy implementation.

The structural organisational changes found in Israel with the creation of NPOs to perform the bulk of the work with foster care are not mirrored in Japan.[66] Staff numbers in CGCs in Japan are not rising with the increased demands being placed on them. It is a concerning possibility that whilst Japan may be able to increase foster care rates back to the levels shortly after the Pacific War, they may also fall back to a similar level of support, effectively abandoning the foster carers and children after the placement is made. There are currently two small NPOs, Key Assets and Kodomo no Mura (SOS Children's Village), in Japan providing a very limited amount of these services to a very few locations, though central government plans appear to favour developing local NPOs to work with CGCs over investing in nationwide expert NPO services.

Further research is needed on the mechanisms that impact on gatekeepers' decision process, and how changing incentives at this level works. This could be achieved by examining countries where the majority of children in alternative care are in foster care and the residential care rate is increasing.[67] This gives scope for further development of Mahoney and Thelen's theory of gradual institutional change by integrating it with Sabatier's advocacy coalition framework, with a focus on the multiple nested subsystems over which actors have different degrees of discretion and veto

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[65] As noted earlier, these would not necessarily be considered foster care under UN definitions, or by comparison to other OECD countries

[66] The WHO warns about creating new NPOs and not investing sufficiently in their development before offloading this sensitive work onto them (Mulheir and Brown, 2007). It is unclear at this point how much human resource training has occurred in Israel and how supported the NPOs are.

[67] For example Germany, Sweden and Denmark

power.   More generally, there is a need for better 'evidence on intervention and outcomes for groups of children with different needs' (Bullock and McSherry, 2009, p35) to inform gatekeeping.

For deinstitutionalisation to guarantee standards of care, there is a need for holistic and considered policy (Mulheir and Browne, 2007) and capacity building in foster care (Eurochild, 2012, p20).   There is also a need to ensure that targets alone do not drive policy (Thoburn, 2011, slide 20-25).   Israel's incremental change through structural reform appears to support the capacity building necessary to ensure the quality of care provision more than the change in policy implementation without significant structural reform of Japan.   It is important to remember that the goals of national systems of care should be based on the quality of care provided, not simply on the foster care to residential care ratio.

Bibliography

Ainsworth F, Hansen P (2009). Residential Programs for Children and Young People: Their Current Status and Use in Australia. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Ainsworth F, Thoburn J (2013). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare* 2013 advance access, DOI 10.1111/ijsw.12025

Arthur S, Nazroo J (2007). Designing Fieldwork Strategies and Materials. In Ritchie J, Lewis J, eds. *Qualitative Research Design: A Guide for Social Science Students and Researchers*. London, Sage

Attar-Schwartz S (2007). Emotional, Behavioural and Social Problems in Israeli Children in Residential Care: A multi-level analysis. *Children and Youth Services Review* 30: 229-248.

Attar-Schwartz S (2009). School Functioning in Residential Care: The contributions of multilevel correlates. *Child Abuse and Neglect* 33: 429-440.

Attar-Schwartz S (2011). Maltreatment by Staff in Residential Care Facilities: The Adolescents' Perspectives. *Social Service Review* 85(4): 635-664.

Attar-Schwartz S, Ben-Arieh A, Khoury-Kassabri M (2010). The Geography of Children's Welfare in Israel: The Role of Nationality, Religion, Socio-Economic Factors and Social Worker Availability. *British Journal of Social Work* 41(6): 1-18.

Baldcock J (1999). Culture: The Missing Variable in Understanding Social Policy? *Social Policy and Administration* 33(4): 458-473.

Bamba S (2010). The experiences and perspectives of Japanese substitute caregivers and maltreated children: a cultural-developmental approach to child welfare practice. *Social Work* 55(2): 127-137.

Barth R (2002). *Institutions vs. Foster Homes: The Empirical Base for a Century of Action*. Report for UNC, School of Social Work, Jordan Institute for Families.

Beland D, Cox RH (2010). Introduction. In: Beland D, Cox RH, eds. *Ideas and Politics in Social Science Research.* Oxford, Oxford University Press

Benbenishty R, Oyserman D (1995). Children in Foster Care: Their Present Situation and Plans for Their Future. *International Social Work* 38: 117-131.

Benbenishty R, Zeira A (2012). On the Verge of Leaving the Care System: Assessment of Life Skills and Needs of Adolescents in Care. *Diskurs Kindheits und Jugendforschung* 3: 291-308.

Ben Rami D, Amiel S, Cohen-Navot M, Dolev T, Kahan-Strawczynski P, Rivkin D (2008). *Ashalim Celebrates a Decade of Activity: Accomplishments and Future Challenges.* Myers-JDC-Brookdale Institute, The Engelberg Centre for Children and Youth.

Berridge D, Biehal N, Henry L (2010). *Living in Children's residential homes. Department for Education Research Report* DFE-RR201

Biehal N, Wade J (1996). Looking Back, Looking Forward: Care Leavers, Families and Change. *Children and Youth Services Review* 18(4/5): 425-445.

Bourdieu P (1977). *Outline of a theory of practice.* Cambridge, Cambridge University Press.

Bowlby J (1951). *Maternal Care and Mental Health.* World Health Organisation

Bowlby J (1969). *Attachment: Attachment and Loss* (vol. 1). New York: Basic Books.

Bradshaw J, Finch N (2002). *A comparison of Child Benefit Packages in 22 Countries. Department for Work and Pensions, Research Report No 174.* Her Majesty's Stationery Office.

Browne K, (2008). The overuse of institutional care for young children in Europe (powerpoint). Presented in his capacity as Head of the WHO collaborating centre for child care and protection at the *Second International Conference on Community Psychology, Lisbon, Portugal, 5th June 2008.*

Browne K (2009). The risk of harm to young children in institutional care. Save the Children

Browne K, Hamilton-Giachritsis C, Johnson R, Ostergren M (2006). Overuse of Institutional Care for Children in Europe. *British Medical Journal* 332(No. 7539): 485-487.

Bryderup IM (2008). Summary for Denmark – Project Yippee

Bullock R, McSherry D (2009). Residential Care in Great Britain and Northern Ireland: Perspectives from the United Kingdom. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Burgess R (1984). *In the Field: An introduction to Field Research*. London, Allen and Unwin.

Campbell JC (1992). *How policies change: The Japanese government and the aging society*. Princeton, Princeton University Press.

Cantwell N, Davidson J, Elsley S, Milligan I, Quinn N (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK, Centre for Excellence for Looked After Children in Scotland.

CIA, (2013a). The World Factbook, Israel.

CIA, (2013b). The World Factbook, Japan.

Colton M, Hellincx W (1994). Residential and Foster Care in the European Community: Current Trends in Policy and Practice. *British Journal of Social Work* 24: 559-576.

Courtney ME, Dolev T, Gilligan R (2009). Looking Backward to See Forward Clearly: A Cross-National Perspective on Residential Care. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Courtney M, Hughes-Heuring D (2009). Residential Care in the United States of America: Past, Present, and Future. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Dolev T, Ben Rabi D, Zemach-Marom T (2009). Residential Care for Children "At Risk" in Israel: Current Situation and Future Challenges. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Dolev T, Szabo-Lael R, Schmid H, Bar-Nir D (2008). *"Towards the Community" Policy – Evaluation Study.* Myers-JDC Brookdale Institute Engelberg Centre for Children and Youth, Ministry of Social Affairs and Social Services Research and Planning Division, RR-516-08. With the Participation of Ben-Rabi D, Tilkin R.

Dolowitz D, Marsh D (1996). Who Learns What from Whom: A Review of the Policy Transfer Literature. *Political Studies* 44(2): 343-357.

Dolowitz D, Marsh D (2000). Learning from Abroad: The Role of Policy Transfer in Contemporary Policy-Making. *Governance: An International Journal of Policy and Administration* 13(1): 5-24.

Donahue JD, Zeckhauser RJ (2008). Public Private Collaboration. In: Moran M, Rein M, Goodin R.E (2008). *The Oxford Handbook of Public Policy.* Oxford, Oxford University Press.

Dower J (1999). *Embracing Defeat: Japan in the Aftermath of World War II.* London, Penguin.

Dzhygyr Y, Maynzyuk K (2009). *Budgeting in the context of child care reform in CEE/CIS.* Paper for the international conference: 'Child Care system reform – Commitments, Partnership, Action.' Chisisnau, Moldova, 24-26 November 2009.

Eurochild (2012). *De-institutionalisation and Quality Alterative Care for Children in Europe: Lessons Learned and the Way Forward.* Eurochild Working Paper.

European Commission (2013). *Investing in Children: Breaking the Cycle of Disadvantage.* Commission Recommendation of 20.2.2013, C(2013), 778 final.

European Expert Group on the Transition from Institutional to Community-Based Care, (EEG) (2009). *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-Based Care* 08 December 2012. Directorate-General for Employment, Social Affairs and Equal Opportunities.

European Expert Group on the Transition from Institutional to Community-Based Care, (EEG) (2012). *Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care.*

EveryChild (2011). *Scaling Down: Reducing, Reshaping and Improving Residential Care around the world.* Positive care choices, Working Paper 1.

Forber-Pratt IA, Loo S, Price S, Acharya J (2013). Foster care in India: An Exploratory Survey of the Community Perceptions and prospects for implementation of Foster Care in a Developing Nation: A Study in Udaipur, Rajasthan, India. *Children and Youth Services Review* 35: 694-706.

Freeman R (2008). Learning in Public Policy. In Moran M, Rein M, Goodin R.E, eds. *The Oxford Handbook of Public Policy.* Oxford, Oxford University Press.

Gal J, Ajzenstadt M, Ben-Arieh A, Holler R, Zielinsky N (2010). Israeli Child Policy and Outcomes. *OECD Social, Employment and Migration Working Papers*, 104, OECD publishing.

Gavrilovici O (2009). Residential Care for Children in Romania: A Model for Child Protection Reform in Central and Eastern Europe. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Geertz C (1973). Thick Description: Toward An Interpretive Theory of Culture. In: *The Interpretation of Culture: Selected Essays.* New York, Basic Books: 3-30.

Giddens A (1993). *New Rules of Sociological Method: A Positive Critique of Interpretative Sociologies.* California, Stanford University Press.

Gilbert N (2012). A comparative study of child welfare systems: Abstract orienations and concrete results. *Children and Youth Services Review* 34: 532-536.

Gilligan R (2009). Residential Care in Ireland. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Goldfarb K (2012). *Fragile Kinships: Family Ideologies and Child Welfare in Japan.* PhD Dissertation, The University of Chicago.

Goldfarb W (1945). Effects of Psychological Deprivation in Infancy and Subsequent Stimulation. *American Journal of Psychiatry* 102: 18-33

Goodman R (1999). The Entrepreneurial Children's Home: Approaches to the Study of the Japanese Child Welfare System. *IDS Bulletin* 30(4): 71-81.

Goodman R (2000). *Children of the Japanese State*. Oxford, Oxford University Press.

Goodman R ed. (2002). *Family and Social Policy in Japan.* Cambridge, Cambridge University Press.

Goodman R (2008). The State of Japanese Welfare, Welfare and the Japanese State. In: Seeleib-Kaiser M, ed. *Welfare state transformations; comparative perspectives.* Basinstoke, Palgrave Macmillan.

Grupper E (2013). The Youth Village: A Multicultural Approach to Residential Education and Care for Immigrant Youth in Israel. *International Journal of Child, Youth and Family Studies* 2: 224-244.

Gudbrandsson B, (2004). *Children in Institutions: Prevention and Alternative Care.* Working Group on Children at Risk and in Care, Council of Europe. Focus on Children and Families. CS-Forum In Care (2003) Final Report as approved by the European Committee for Social Cohesion (CDCS) at its 12th meeting (Strasbourg, 17-19 May 2004)

Hall P (1993). Policy Paradigms, Social Learning and the State: The Case of Economic Policymaking in Britain. *Comparative Politics* 25(3): 275-296.

Hall P (2010). Historical Institutionalism in Rationalist and Sociological Perspective. In Mahoney J, Thelen K, eds. (2010). *Explaining Institutional Change: Ambiguity, Agency, and Power.* Cambridge, Cambridge University Press.

Hall P, Taylor R (1996). Political Science and the Three New Institutionalisms. *Political Studies* XLIV: 936-957.

Hay C (2010). Ideas and the Construction of Interest. In: Beland D, Cox RH, eds. *Ideas and Politics in Social Science Research.* Oxford, Oxford University Press

Higuchi I, Nakamura T (2013). Child Welfare Facilities eyed for a Revamp / Government Plans to Replace Large-Scale-Institutions with Smaller, Cozier, Youth-Friendly Environments. *Yomuiri Shinbun (Yomuiri Newspaper),* January 9th.

Hinata Bokko (2009). *Shisetsu de sodatta kodomotachi no ibasho: 'Hinata Bokko' to shyakai-teki yōgo* (A place to belong for children who were raised in institutional care: Hinata Bokko and Social Protective Care). Akashi Shyoten.

Human Rights Watch (2014). Without Dreams. Children in Alternative Care in Japan. USA, Human Rights Watch.

Jackson S (2013). *Leaving Care: Outcomes for Fostered Young People.* Presentation (with Stein M) at the REES Centre, University of Oxford, March 20th 2013.

Jaffe ED (1978). Child Welfare in Israel: An Overview of Institution Care, Foster Home Care and Adoption. *Journal of Jewish Communal Service* 55(2): 170-182.

Japan Child and Family Research Institute (1999). *nihon kodomo katei sōgōkenkyūsho kiyō* (Japan Child and Family Research Institute Bulletin)

Johnson R, Browne K, Hamilton-Giachritsis C (2006). Young Children in Institutional Care at Risk of Harm. *Trauma Violence Abuse* (7)34: 34-60.

Kasza G (2002). War and Welfare Policy in Japan. *The Journal of Asian Studies* 61(2): 417-435.

Kasza G (2006). *One World of Welfare; Japan in Comparative Perspective.* New York, Cornell University Press.

Kashiwame R (2010). A lifestyle that is so obviously right for children (*kodomotachi ni atarimae no seikatsu wo*) Research paper for the Child and Family Policy Research Group, the Shukutoku University General Welfare Faculty, and the Japan Child and Family Research Institute.

Kendrick A, Steckley L, McPheat GA (2011a). Residential Child Care: Learning from International Comparisons. *Early Professional Development for Social Workers*: 81-87.

Kendrick A, Steckley L, McPheat GA (2011b). Residential Child Care: Learning from International Comparisons. *Early Professional Development for Social Workers.* 21 page document labelled Final Draft – Has been cited in a Scottish Parliament Report and is publicly available from
strathprints.strath.ac.uk/28808/1/Kendrick_Steckley_McPheat_final.docx

Kerr M. PhD, Forthcoming, University of Kent, ESRC. This will contain the largest survey of care-leavers ever completed in England – see https://www.outcomesofcare.com/

Knorth EJ, Harder AT, Zandberg T, Kendrick AJ (2008). Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care. *Children and Youth Services Review* 30: 123-140.

Kumasaka Y, Aiba H (1968). Foster Care in Japan: Past and Present. *The Milbank Memorial Fund Quarterly* 46(2, part 1): 253-265.

Lee BJ (2009). Residential Care in Korea: Past, Present and Future. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives*. New York, Oxford University Press.

Lev D (2013/14/04). Govt: Israel's Population Grew Tenfold Since 1948. Arutz Sheva 7, Israel National News. http://www.israelnationalnews.com/News/News.aspx/167097#.Ufx5vmTF0Xg

Lev lalev (heart to heart) (2013). http://lev-lalev.org/childcare-in-israel-adoption-foster-care-and-orphanages/

Madge N (1994). *Children and Residential Care in Europe.* London, European Children's Centre and National Children's Bureau.

Mahoney J, Thelen K (2010). A Theory of Gradual Institutional Change. In Mahoney J, Thelen K, eds. (2010). *Explaining Institutional Change: Ambiguity, Agency, and Power.* Cambridge, Cambridge University Press.

Malmo Declaration (1986). Passed by the delegates of the FICE-International at the August 1986 FICE Congress held in Malmo, Sweden.

Maus T (2006). *Ishii Juji, The Okayama Orphanage and the Chausubaru Settlement.* PhD Dissertation, The University of Chicago.

Miles MB, Huberman AM (1994). *Qualitative Data Analysis*. California, Sage.

Ministry of Foreign Affairs, (MOFA) (1996). *The Initial Report of Japan Under Article 44, Paragraph 1 of the Convention on the Rights of the Child (May 30, 1996)* (English). http://www.mofa.go.jp/policy/human/child/initialreport/care.html

Ministry of Health Labour and Welfare, (MHLW) (2009). *Jidōyōgoshisetsu nyūsho jidō-tō chōsa kekka no gaiyō* (Overview of the findings on admission to CWI etcetera)

MHLW (2010). *kodomo・kosodate bijyōn ~ kodomo no egao ga afureru shakai no tame ni.* (Children and Child rearing Vision ~ in order to build a society overflowing with children's smiles) January 1st 2010.

MHLW (2011). MHLW, Equal Employment, Children and Families Bureau *Jidō yōgoshisetsu-tō oyobi satooya-tō no sochi enchō-tō ni tsuite.* (Regarding measures for the extension of care within the CWI system, foster care system etc) *Yatoi-ji-hatsu* 1228 *dai* 2 *gō* (Correspondence 1228-2).

MHLW (2011). MHLW, Equal Employment, Children and Families Bureau *Sato oya itaku gaidorain* (Regarding the placement of children into foster care)

MHLW (2012a). *shakaiteki yōgo no genjō ni tsuite: sankō shiryō. Heisei 24 nen 6 gatsu* (Reference data regarding the current state of social care, June 2012).

MHLW (2012b). *zenkoku jidō fukushi shukan kachō kaigi* (Report of the National Meeting for Child Welfare Management.) February 2012.

MHLW (2014). *shakaiteki yōgo no genjō ni tsuite: sankō shiryō. Heisei 26 nen 3 gatsu* (Reference data regarding the current state of social care, March 2014).

Mulheir G, Browne K (2007), *Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice*, European Commission Daphne Programme in collaboration with WHO regional office for Europe and The University of Birmingham UK. Birmingham: University of Birmingham (WHO Collaborating Centre for Child Care and Protection)

Murata K (2006). *Why do not foster carers increase in Japan?* Paper presented at 'Asia Conference on Child Rights and Foster Care 23rd September 2006.

National Council for the Child, (NCC) (2012). *Children in Israel 2012*. Jerusalem, National Council for the Child and Haruv Institute. (Hebrew)

National Child Welfare Institute Issues Research Council, (NCWIIRC) (2011). *Zenkoku taikai dai hachi bunka-kai: Hōkoku-sha 1 2 3* (The national conference, eighth subcommittee meeting; three case studies). 23rd June 2011.

Nelson III Z, Fox M, Smyke G (2007). Cognitive Recovery in Socially Deprived Young Children: The Bucharest Early Intervention Project. *Science* (318): 1937-1940.

Otner S (2010). Most different systems design. In: Mills AJ, Durepos G, Wiebe E, eds. (2010). *Encyclopedia [sic] of case study research.* California, SAGE publications.

Peters F, ed. (2008). *Residential Child Care and its Alternatives.* Stoke on Trent, FICE and Trentham Books.

Petrova-Dimitrova N (2009). *Development of Alternative Services including Foster Care, Within the Framework of Reforming Child Protection System.* Paper for the international conference: 'Child Care system reform – Commitments, Partnership, Action.' Chisisnau, Moldova, 24-26 November 2009.

Pfau-Effinger B (2005). Culture and Welfare State Policies. Reflections on a Complex Interrelation. *Journal of Social Policy* 34(1): 3-20.

Pierson P (1996). The New Politics of the Welfare State. *World Politics* 48(2): 143-179

Pierson P (2000). Increasing Returns, Path Dependence, and the Study of Politics. *American Political Science Review* 94(2): 251-267.

Pierson P (2004). *Politics in Time: Historical Institutions and Social Analysis.* New York, Princeton University Press.

Przeworski A, Teune H (1970). *The Logic of Comparative Social Inquiry.* New York, Wiley-Interscience.

Roth B (2000). Trust, Social Dilemmas and Collective Memories. *Journal of Theoretical Politics* 12(4): 477-501.

Sabatier P (1998). The advocacy coalition framework: revisions and relevance for Europe. *Journal of European Public Policy* 5(1): 98-130

Sabatier P (2007). Fostering the Development of Political Theory. In: Sabatier P, ed. *Theories of the policy process.* Colorado, Westview Press.

Sabatier P, Weible CM (2007). The Advocacy Coalition Framework: Innovations and Clarifications. In: Sabatier P ed. (2007) *Theories of the policy process.* Colorado, Westview Press.

Sallnas M (2009). Swedish Residential Care in the Landscape of Out-of-Home Care. In: Courtney M, Iwaniec D, eds. *Residential Care of Children: Comparative Perspectives.* New York, Oxford University Press.

Sartori G (1991). Comparing and Miscomparing. *Journal of Theoretical Politics* (3): 243-257.

Save the Children (2003). Stockholm Declaration on Children and Residential Care – 12 – 15 May 2003. Information. http://resourcecentre.savethechildren.se/library/stockholm-declaration-children-and-residential-care-12-15-may-2003

Save the Children (2009). Keeping children out of harmful institutions: Why we should be investing in family-based care

Schmidt, VA (2010). Reconciling Ideas and Institutions through Discursive Institutionalism. In: Beland D, Cox RH, eds. *Ideas and Politics in Social Science Research.* Oxford, Oxford University Press

Sebba J (2012). *Why do people become foster carers? An international review on the motivation to foster.* Oxford, Rees Centre, University of Oxford.

Shore C, Wright S (1997). Policy: A New Field of Anthropology. In: Shore C, Wright S (1997). *Anthropology of Policy: Critical Perspectives on Governance and Power.* London and New York, Routledge.

Social Work Services Inspectorate for Scotland (1992). *Another kind of home: A review of residential care.* Edinburgh, Her Majesty's Stationery Office.

Sorek Y, Nijim-Ektelat F (2012). *Expanding Adoption Opportunities for Children at Risk.* Myers-JDC-Brookdale Institute Engelberg Centre for Children and Youth. RR-595-12.

Statistics Bureau Japan (2012). Statistical Handbook of Japan 2012.

Stein M (2006). Missing Years of Abuse in Children's Homes. *Child and Family Social Work* 11: 11-21.

Stein M (2011). *Care Less Lives: The Story of the Rights Movement of Young People in Care.* London, Catch 22.

Stein M (2013). *Leaving Care: Outcomes for Fostered Young People.* Presentation (with Jackson S) at the REES Centre, University of Oxford, March 20th 2013.

Stiller S (2010). *Ideational Leadership in German Welfare State Reform.* Amsterdam, Amsterdam University Press.

Stockholm Declaration (2003). Stockholm Declaration on Children and Residential Care. Delegates' statement following the second international conference on children and residential childcare.

Streeck W, Thelen K (2005). Introduction: Institutional Change in Advanced Political Economies. In: Streeck W, Thelen K eds. (2005) *Beyond continuity: Institutional change in Advanced Political Economies.* Oxford, Oxford University Press.

Sugimoto Y, Mouer R, eds. (1989). *Constructs for understanding Japan.* London, Kegan Paul International.

Sugiyama, Inoue, (Series Editors) (2011). Series: *Oya ni naru, ko ni naru* (Become a parent, become a child) A*sahi Shinbun (Asahi Newspaper)*
  - Sugiyama November 1st *Chi wo tsunagari yori mo* (Even more than blood ties)
  - Sugiyama November 2nd *Kono inochi min'na de sasaeru* (We all support this life)
  - Sugiyama November 7th *Anata wo motteita* (I had you)
  - Sugiyama November 8th *Funin datta kara aeta* (Because we were infertile, we could meet you)
  - Inoue November 9th *Mura de issho ni kurasu yorokobi* (The joy of living together in the village)
  - Sugiyama November 10th *Ehon de musume ni puropōzu* (I 'proposed' with a picture book that she become my daughter)

- Sugiyama November 11th *Mō misutetari shinai* (I will not abandon you)
- Inoue November 15th *Hōridasu no ga jiritsu ka* ('Self-reliance' or being thrown out?)
- Sugiyama November 16th *Hontō no haha yori haha data* (More of a mother than my real mother)
- Sugiyama November 17th *Jinsei no pazuru wo kansei shita* (I have completed the puzzle of life)
- Inoue November 18th *Minami no shima de kazoku ni natta* (We become the 'southern island' family)
- Sugiyama November 21st '*Nihon no oba*' *ni mimamore* (Watching over 'grandmothers of Japan')
- Sugiyama November 22nd '*Shakai no ko*' *tomo ni hagukumu* (Growing up with a 'child of society')

Sulliman-Aidan Y, Benbenishty R (2011). Future Expectations of Adolescents in Residential Care in Israel. *Children and Youth Services Review* 33: 1134-1141.

The Summit Institute (2012). *The Summit Institute's 2012 Annual Report.*

Thelen K (1999). Historical Institutionalism in Comparative Politics. *Annual Review of Political Science* (2): 369-404.

Thoburn J (2007). *Globalisation and Child Welfare: Some Lessons from a Cross-National Study of Children in Out-of-Home Care.* Social Work Monographs, UEA, Norwich.

Thoburn J (2011). *The Search for Safety, Stability, and Belonging for Children in out-of-home Care.* Powerpoint given at University of East Anglia.

The College of Social Work (2012). Briefing for Lord Listowel: Re: House of Lords debate, 11am, October 25: *Looked after children and the government's response to changes in residential childcare in the light of child protection failures.*

Tobis D (2000). *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union.* Washington DC, The World Bank.

Tokyo District Court (2008). Demand for rescission of a decision of the local authorities to admit a child into a child welfare facility. 11th July 2008. http://www.courts.go.jp/hanrei/pdf/20090206161056.pdf (Japanese)

Tokyo Metropolitan Government Social Welfare and Public Health Bureau (supported by the Supra-Ministerial Organ on Population Decline) 2011 'A survey of Tokyo Metropolis care-leavers from institutional and foster care'
  - Tokyo 2011a *Tōkyō-to ni okeru jidōyōgo shisetsu-tō taishosha e no ankōto chōsa hōkoku-sho* (A written report on the survey of Tokyo Metropolis care-leavers from institutional and other care)
  - Tokyo 2011b A summary of Tokyo 2011 Survey, containing additional data

Tsuzaki T (2009). *kono kuni no kodomotachi* (This country's children). Nihon Kajo Shuppan.

UN (UNCRC) (1989). Convention on the Rights of the Child. UN General Assembly. Document A/RES/44/25 (12 December 1989)

UN (2009). *Human Development Report 2009.*

UN GARC (2010). Resolution adopted by the General Assembly 64/142 Guidelines for the Alternative Care of Children, A/RES/64/142*, on the report of the Third Committee A/64/434.

UN Committee on the Rights of the Child (2010). *Consideration of reports submitted by States parties under article 8 of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict.* CRC/C/OPAC/ISR/CO/1.

UNICEF (2009). *Innocenti Social Monitor 2009: Child Well-being at a crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States.*

UNICEF (2010). *At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia.*

UNICEF (2012). *Children under the age of three in formal care in Eastern Europe and Central Asia: A rights-based regional situation analysis. Note – amended January 2013*

UNICEF and World Bank (2003). *Changing Minds, Policies and Lives: Improving Protection of Children in Eastern Europe and Central Asia: Gatekeeping Services for Vulnerable Children and Families.*

Van Oorschot W (2006). Culture and Social Policy: A Developing Field of Study. *International Journal of Social Policy* 16: 129-139.

Walker R, Kyomuhendo GB, Chase E, Choudhry S, Gubrium EK, Nicola Y, Lodemel I, Mathew L, Mwiine A, Pellissery S, Ming Y (2013). Poverty in Global Perspective: Is Shame a Common Denominator? *Journal of Social Policy* 42(2): 215-233.

Weber M (1947). *The Theory of Social and Economic Organisation.* Translated by Henderson AM, Parsons T. London, Collier Macmillan Publishers.

West MD (2011). *Lovesick Japan: Sex, Marriage, Romance, Law.* London, Cornell University Press.

Williamson J, Greenberg A (2010). Families, Not orphanages. *Better Care Network Working Paper.*

World Health Organization (WHO) (2010). *Better health, better lives: children and young people with intellectual disabilities and their families: Transfer care from institutions to the community.* EUR/51298/17/PP/3. Conference Paper – Bucharest, Romania, 26-27 November 2010.

World Vision (2009). *Because We Care: Programming Guidance for Children Deprived of Parental Care.* Child Protection Series.

Zemach-Marom T (2008). The Relationship Between Research and Practice in Implementing the RAF Method for Quality Assurance in Residential Settings for Children in Israel. In: Chaskin RJ, Rosenfeld JM, eds. (2008). *Research for Action: Cross-National Perspectives on Connecting Knowledge, Policy, and Practice for Children.* Oxford, Oxford University Press.

Appendix One: Full List of Interviewees

Ethics forms submitted separately as instructions.
2013 CUREC: Research Ethics Approval. Ref: 2012-13_26
2012 CUREC: Research Ethics Approval. Ref: SSD/CUREC1A/12-059

Israel – All interviews April 2013

Ms Orit Amiel: Director of Foster Care Services at The Summit Institute, one of the four NPO providers of foster care in Israel. (This interview was conducted with Gidon Melmed, who for the most part translated for Orit but who also gave some opinions).

Dr Shalhavet Attar-Schwartz: Senior Lecturer, School of Social Work, The Hebrew University of Jerusalem.

Professor Rami Benbenishty: School of Social Work, Bar Ilan University

Mr Ben-Zion Brantz: Head Supervisor Children at risk (residential care), Ministry of Social Affairs (This interview was conducted with Yael Dori)

Ms Yael Dori: Head Supervisor Children at risk (residential care), Ministry of Social Affairs (Part of this interview was conducted with Ben-Zion Brantz, part was one on one)

Dr Emmanuel Grupper. Former Director of Residential Education in the Ministry of Education. Currently the Vice-President of FICE international, president of FICE Israel, Department for training professional workers for youth at risk at Beit Berl College.

Ms Talia Hasin: Researcher at Myers-JDC-Brookdale research institute.

Ms Shalva Lebovitz: National Coordinator of foster families, Ministry of Social Affairs.

Mr Gidon Melmed: Director of International Relations and Resource Development at The Summit Institute, one of the four NPO providers of foster care in Israel. (Gidon Melmed primarily translated for Orit Amel however he did also offer some opinions).

Ms Odette Shomar: Board of Directors of a Palestinian Christian Residential Facility.

Ms Yoa Sorek: Researcher at Myers-JDC-Brookdale research institute. Engelberg Center for Children and Youth (Interviewed with Tamar Zemach-Marom and Rachel Szabo-Lael)

Dr Yafit Sulimani-Aidan: Practising social worker in a family home who is also an academic researcher.

Dr Rachel Szabo-Lael: Senior researcher at Myers-JDC-Brookdale research institute. Engelberg Center for Children and Youth (Interviewed with Tamar Zemach-Marom and Yoa Sorek)

Associate Professor Anat Zeira: School of Social Work, The Hebrew University of Jerusalem.

Dr Tamar Zemach-Marom: Researcher at Myers-JDC-Brookdale research institute. Director, Center for Quality Assurance in the Social Services (Interviewed with Rachel Szabo-Lael and Yoa Sorek)

Japan, 2013

Professor Ichiro Matsumoto: Faculty of Education, Hokkaido University. Professor Matsumoto also runs a 'family home' and previously worked directly with Child Welfare Institutes.

Mr Mamoru Watanabe: Director of Key Assets Japan. This is a branch of Core Assets, the worlds largest fostering services agency.

Japan, 2012
The below interviewees have been anonymised. The one exception to this is Tsuzaki who was contacted about this research.

Hiromoto: Head of Prefectural Child Guidance Centre (*Jidōsōdanjo*) in rural Japan. Joint interview with Kuribayashi.

Itō: A high school third grader (17/18). Lives in a well regarded CWI. N.B. I followed CUREC protocol SSH/IDREC/2008/P13.1 for this interview

Komine: Care-leaver from a CWI. Founder of a care-leaver network

Kuribayashi: Staff at Prefectural Child Guidance Centre (*Jidōsōdanjo*) in rural Japan. Joint interview with Hiromoto. Completed a masters degree on problems of care-leavers children ending up in government care.

Maeda: Staff in Prefectural Government Child and Family Division (*Ken kodomo katei ka*)

Nomura: Former staff member in a rural CWI (four years). Now a psychology postgraduate student studying the psychological needs of kids in care and patterns of attachment.

Takahashi: General staff member at city managed large-style rural CWI

Tanaka: Care-leaver from CWI. Founder of a care-leaver NPO.

Professor Tsuzaki Tetsuo: Kyoto Prefectural University. A leading authority on CWI in Japan. Interview and personal correspondence, though only the interview was cited in the paper.

Yamada: Care-leaver from foster care. Was fostered at age twelve and left foster care at eighteen.
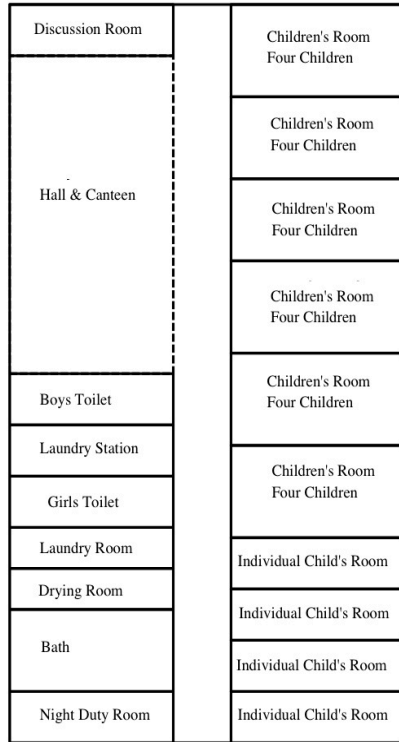
Yamamoto: Self-reliance support co-ordinator (*Jiritsu shien kōdine-ta-*) in a privately run Tokyo CWI. Set up the first 'Self-reliance support co-ordinator' position and the guidelines he wrote, well supported and facilitated by the head of his institution, have formed the basis for the Tokyo pilot scheme which is anticipated to roll out nationwide next year.

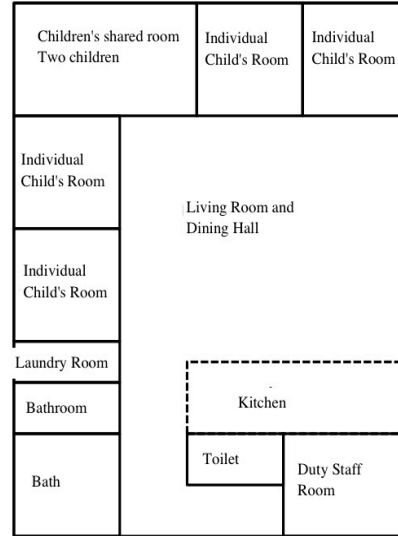## Appendix Two: Typical CWI Layouts in Japan

（参考）Types of CWI

An example of a Large-Style CWI

Discussion Room	Children's Room Four Children
Hall & Canteen	Children's Room Four Children
	Children's Room Four Children
	Children's Room Four Children
Boys Toilet	Children's Room Four Children
Laundry Station	
Girls Toilet	Children's Room Four Children
Laundry Room	Individual Child's Room
Drying Room	Individual Child's Room
Bath	Individual Child's Room
Night Duty Room	Individual Child's Room

- This will house over 20 children

- In principle shared rooms, though older children may have individual rooms

- Food is prepared in the kitchen and eaten in the dining hall.

An example of a Small-Style Group Care CWI.

Children's shared room Two children	Individual Child's Room	Individual Child's Room
Individual Child's Room	Living Room and Dining Hall	
Individual Child's Room		
Laundry Room		
Bathroom	Kitchen	
Bath	Toilet	Duty Staff Room

- This will house 6-8 children

- In principle individual rooms, though children of a very young age may share.

- Staff prepare food in the CWI, and children may also join in.

Source: MHLW 2012, p8. Translated by Author

Appendix Three: Data, with Sources, for Figure 3

Foster care in postwar Japan

Source	Year	Registered Foster Families	Children in Foster Care	Active Foster Families	% of registered families fostering
Kazuki	1949	4153	3278	2909	70.0%
Goodman	1953	13288	8041	7271	54.7%
Goodman	1955	16200	9111	8283	51.1%
Kazuki	1959	18914	8986	8095	42.8%
Goodman	1960	19022	8737	7751	40.7%
Goodman	1965	18230	6909	6090	33.4%
Kazuki	1969	14916	5054	4428	29.7%
MOFA	1970	13,621	4,729	4,075	29.9%
MOFA	1975	10,230	3,851	3,225	31.5%
Kazuki	1979	9142	3277	2712	29.7%
MOFA	1980	8,933	3,188	2,646	29.6%
MOFA	1985	8,659	3,322	2,627	30.3%
Kazuki	1989	7841	3069	2472	31.5%
MOFA	1990	8,046	3,006	2,312	28.7%
MOFA	1991	8,163	2,671	2,183	26.7%
MOFA	1992	8,122	2,614	2,159	26.6%
MOFA	1993	8,164	2,579	2,206	27.0%
MOFA	1994	8,004	2,475	2,029	25.3%
Goodman	1995	8,059	2,377	1,940	24.1%
Goodman	1996	7,975	2,242	1,841	23.1%
Tsuzaki	1999	7446	2122	1687	22.7%
Tsuzaki	2000	7405	2157	1699	22.9%
Tsuzaki	2001	7372	2211	1729	23.5%
Tsuzaki	2002	7161	2517	1873	26.2%
MHLW	2011	7669	3876	2971	38.7%

Goodman (2000, p138), Kazuki (2006), MOFA (1996), Tsuzaki (2009, p151), MHLW (2012, p10)

Note – For consistency with previous years, the Ministry of Health Labour and Welfare figure used here for 2011 does *not* include the 497 children placed in 'family homes'.