

## Child and young adult care leavers with disabilities in social care in Japan

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**Abstract :** A national survey of child and young adult care leavers with intellectual and developmental disabilities was conducted in Japan to investigate their state after leaving care. It was found that after leaving social care, care leavers' difficulties related to their disability and physical and mental conditions were poorly understood, and social resources such as disability welfare services became more difficult. To identify differences in the challenges and support that children may encounter depending on whether they have a disability or not, a re-analysis of the national survey data conducted on children's homes was conducted. The results showed differences in the difficulties children faced and the strengths they lacked, depending on the presence of a disability. While there were no significant differences in the support provided to increase the child's strengths depending on whether the child had a disability, differences were found in strength-aware support. In the future, a system of government identification of care leavers leaving social care and support systems for care leavers with disabilities should be developed.

**Keywords :** children's homes, care leavers, intellectual disability, developmental disability

### **I. Introduction.**

In 2020, the first national survey of children and young adults leaving social care ( "care leavers" ) in Japan was conducted.

The Child Welfare Law defines a "child in need of protection" as "a child without a guardian or a child for whom it is deemed inappropriate to have a guardian take custody" (Article 6), and defines "social care" as providing fostering and protection of such children under conditions of public responsibility, as well as providing support to families with difficulties in fostering them. Social foster care is based on the principle that the child's best interests should be prioritized, and society as a whole should nurture the child to ensure good mental and physical health<sup>1</sup>. According to the Family Welfare Division of the Child and Family Bureau of the Ministry of Health, Labor and Welfare (2022), in Japan, 42,000 children are in social care as children in need of protection, and approximately 80% of these are in institutional care.

Roger Goodman, a British cultural anthropologist, conducted fieldwork in Japanese children's homes, which host many children in social foster care. He writes, "Perhaps the most important measure of the success of *yogoshisetsu* is what happens to children when they leave the homes" (Goodman 2000:131).

However, from the enactment of the Child Welfare Act 1947 to 2020, the individual homes and local authorities had the responsibility to monitor children after they left the homes; in Goodman's words, the government has not established whether the work of the children's homes has been successful.

However, survey data has been collected by some local authorities, institutions, persons concerned, and party organizations, and studies have been conducted to identify difficulties that children who have left foster care face (Matsumoto 1987, Nishida et al. 2011, Taniguchi 2011, Ibe 2013, Sakuradani 2014, Ito 2016). A national survey of those who had left self-reliance support homes for independent assistance, a type of social care, showed that 43.3% of those who had left were unstable (National Council for Self-reliance Support Homes 2020).

The National Survey on the Actual Situation of Persons Whose Admission to Children's Homes or Foster Care Consignment has Been Lifted (National Survey of Care Leavers) was conducted in 2020<sup>2</sup> to assess living conditions, life challenges, and support needs of persons who had previously lived in institutions or foster families following their departure from social care. The survey investigated respondents' situation since leaving care. The most common concern cited was "living expenses and school fees" (33.6%), followed by "the future" (31.5%) and "work" (26.6%). This was followed by "relationships" at 20.6% and "Health (mental)" at 19.2%. Other issues cited included family/relatives, loneliness, housing, health (physical), and debt. 24.7% said they had "no problems or concerns." The most common support and services desired were support with finances (29.0%), support with housing and food/food (26.7%), and support with physical and mental health (16.8%). These results corroborate the findings of earlier surveys conducted by local authorities and institutions.

However, although the Care Leaver National Survey was intended to be inclusive of the entire population of care leavers, only about one-third of all eligible respondents were guided to the survey form. This was largely because no known address or other contact details were available for 60.4% of potential respondents. The response rate to the number of invitations that did reach members of the survey population was 40.4%, which is not low when seen among surveys in general. However, care leavers whom the survey did reach and who responded were more likely to be in a relatively good position, maintaining links with institutions and foster carers after leaving social care. It should be noted that, as mentioned by members of the party committee who took part in the survey, "the situation is not as well understood as the voices of those in the most difficult situations." (Report: 184)

The study of people with experience of social care seeks to reach people with mental illness or disability, those who have experienced (or were in) the homeless, those who have committed crimes, those who work in the sex industry, and those who have committed suicide as these groups are facing the most severe conditions. Study of children and young people with disabilities, in particular, has indicated that welfare, education, and labor in adolescence do not tend to lift out of poverty people with disabilities who lived in poverty in childhood (Shindo 2015). In addition, the study of children

and young people growing up in foster care and other institutions has suggested that having a disability is a factor that tends to increase risks to health and life risks, as well as creating opportunities for intervention on the part of supporters (Shindo 2018). In addition, utilizing care and support provided by disability welfare and welfare systems has received attention (Shindo 2020), as young people with disabilities are severely limited in adulthood and tend to have compounding disadvantages, especially children with vulnerable families. Furthermore, career support for children with disabilities in children's homes is also an opportunity to expand the possibility of living while benefiting from care and support throughout the life course, i.e., being dependent and independent (Shindo 2021). *The New Vision for Social Fostering* (2017), which was formulated in response to the recent revision of the Child Welfare Law, indicates that children with disabilities “also require active use of disability policies and ongoing support.” However, support for children and young people with disabilities in social care is not receiving adequate consideration, along with the need for institutional support, with their actual conditions and characteristics.

This paper, therefore, focuses on children, young people, and care leavers with intellectual and developmental disabilities and other difficulties with their physical and mental conditions, as these are the most challenging subjects to support in social care, and it examines their current state and challenges. Specifically, this study examines data from the National Survey of Care Leavers (2021) and the 2018 National Survey Report on the Living Situation of Disabled Care Leavers from Self-reliance Support Homes (2020), both of which are both recent national surveys on social care examining the state of disabled care leavers. In addition, a survey on support for children experiencing deprivation (2021), conducted in children's homes, is used to determine whether there are differences in the challenges children face and the support they receive, depending on their disability.

## **II. Overview of care leavers with disabilities**

### **1. National survey of care leavers (2021)**

The National Survey of Care Leavers is conducted among individuals who have received social care (survey completed by the individual) and institutional staff, foster families, and local authorities administering child guidance centers. The care leavers surveyed were released between April 2015 and March 2020 after graduating from secondary school (all-inclusive). Unless otherwise stated, the data used in this article are drawn from the Report on the National Survey on the Actual Status of Persons Whose Admission to Children's Homes or Foster Care Consignment has been Lifted (Mitsubishi UFJ Research and Consulting Co. 2021) (the report).

#### **1-1. Survey of institutional staff and foster families**

First, data from a survey completed by institutional staff and foster families<sup>3</sup> (n = 13651) show that

15.0% of children who were removed from care had a developmental disability, 14.1% had an intellectual disability, 8.1% had an emotional disability, 3.6% had a mental disorder or another status (multiple responses). Other types of disability such as infirmity and intractable disease were also found. Then, 55.6% have no disability, over half of the total, however, nearly half of the respondents had some disability.<sup>4</sup> However, as a prerequisite for understanding survey data, it is important to identify whether the survey was received by the respondents in the first place. The report notes that care leavers with disabilities were slightly less likely to have been guided to the survey than care leavers with no specific disability. Specifically, for care leavers with no specific disability (55.6%), the rate of those being directed or guided to the survey was 10.7 percentage points higher than those who were not: 60.5% were directed to the survey, and 49.8% were not; among care leavers with intellectual disabilities (14.1%), 12.8% were guided and 15.7% were not guided. For developmental disabilities, 15.0% were guided, 16.2% were not, 6.6% were guided and 9.7% were not guided. Those care leavers who were guided to the survey were 10.7 percentage points more likely to have no specific disability and 8.3 percentage points less likely to have an intellectual disability, a developmental disability, or an emotional disability.

Of the total number of respondents, 60.4% stated that their address/contact details were unknown, but the policies and intentions of the facility staff/foster families. Some typical descriptions of individuals with disabilities or mental/physical conditions include “mentally unstable,” “difficult content,” “due to intellectual disability,” “capacity issues,” and “deemed it difficult to answer” as reasons why a respondent was not guided to the survey (Report: 173).

These results of the care leaver survey show that it is difficult for institutional staff and foster families to guide respondents and obtain responses, so it is more difficult to identify the situation of those with disabilities than for those with no disability, especially among those whose disability and physical and mental conditions are more challenging.

## 1-2. Survey of care leavers.

We here review the state of disability in a survey of individuals (n = 2980) targeting care leavers. It should be noted that this survey’s respondents are a relatively stable group of respondents, but the responses obtained are nevertheless valuable data.

In this survey, 77.8% of respondents stated indicated they were in good health, while 14.1% indicated that they were in the hospital, 7.3% that they had been designated with a disability (excluding incurable diseases), and 7.1% that they were not in the hospital but were in poor health. Others indicated that they had an incurable disease or were in the hospital.

According to the Overview of the Survey of Children in Foster Homes of the Administration for Children and Families of the Ministry of Health, Labor and Welfare (2020) (as of 1 February 2018), the proportion of children with some kind of disability, such as intellectual or developmental disability,

among those living in children's homes, the proportion of those with a disability is 36.7%. In addition, 84.2% of children in child psychotherapy facilities have some form of disability. Despite this, overall, 7.3% of care leavers were “certified disabled (excluding incurable diseases),” which is likely a low figure.

The largest proportion of care leavers as a whole were working (71.0%), followed by those attending school (23.0%), not applicable (9.7%), other (5.1%), and no response (0.9%) (multiple responses). Among these care leavers with disabilities who responded “other,” were responses of housewife, unemployed, on childcare leave, seeking employment, on leave, under medical treatment, independent training, support for continuous employment type B workshops, and support facilities for people with disabilities (Report: 27). Those attending were attending a four-year university (35.7%, 245 care leavers), a vocational school or junior college (30.9%), and full-time high school (19.1%). For the responses of care leavers with disabilities who reported other (3.8%), no detailed breakdown is available, as this included special support schools and vocational schools, technical colleges, six-year colleges, and graduate schools (Report: 32). However, it can be inferred that children with disabilities who are attending special needs schools are not in fact care leavers, as they tend to live in foster homes or with foster parents until they graduate from their special needs schools.

Given that around 40% of children in social care have a disability, it is difficult to say whether the survey captures their situation. Care leavers are a difficult target to reach, and care leavers with disabilities are particularly difficult to reach. Even if they are informed of the survey by facility staff or foster families and receive the survey form, they may find it difficult to understand the survey and respond due to their physical and/or mental disabilities.

## **2. National survey on the living condition of people leaving Self-reliance Support Homes (2018)**

### **2-1. Overview of Self-reliance Support Homes and reasons for focusing on them**

Here, the situation of children and young people with disabilities are investigated from survey data on individuals leaving Self-reliance Support Homes. Self-reliance Support Homes are a type of social foster home and provide self-reliance services for children under the Child Welfare Law. In principle, children aged between 15 and 20 years (or 22 years depending on circumstances) who have left their foster homes after completing compulsory education or who cannot remain at their foster home are provided with consultation and other daily life assistance, daily life guidance, and employment support at communal residences (Self-reliance Support Homes). The purpose of this arrangement is to promote social independence by providing consultation and other daily life assistance, lifestyle guidance, and support for employment (Article 6-3 of the Child Welfare Law).

The number of children using Self-reliance Support Homes is lower than the rate of use of other social care institutions, such as children's homes and foster carers (as of 2021, 30782 children were in a

foster home and 6091 were entrusted to foster carers, with 718 were in Self-reliance Support Homes). We focus on Self-reliance Support Homes here, first, because they are used by children and young people under the age of 18 who find it difficult to live with their foster families and cannot stay in foster homes or other institutions such as children's homes, and second, because although self-help homes are intended to promote self-reliance through employment, they are also used by children and young people in difficult circumstances. Third, although the homes are intended for self-support through employment, many of the children and young adults using them are facing difficult circumstances.

## 2-2 National survey on the living conditions of people leaving Self-reliance Support Homes

The 2018 National Survey on the Living conditions of People Leaving Self-reliance Support Homes was conducted in all 164 member homes of the National Council of Self-reliance Support Homes by creating one case for each young person who has Self-reliance Support Homes over the last five years (April 01, 2013 to March 31, 2018). In all, 108 homes responded, for a 65.9% response rate, and 1715 cases were completed. This section provides an overview of the self-help homes survey and examines the data relating to disabilities and other difficulties in the physical and mental condition of people who have left such homes. Hereafter, unless otherwise stated, the data described are from the 2018 National Survey Report on the Living Conditions of Persons Leaving Self-reliance Support Homes (National Council for Self-reliance Support Homes 2020).

In all, 8.2% of respondents held a Rehabilitation Certificate (indicating intellectual disability), 6.4% held a Mental Health and Welfare Certificate (indicating mental disability), and 0.3% held the Physical Disability Certificate (indicating physical disability, etc.). Duplicate disabilities were also found in 0.6% of the respondents. On the other hand, 68.5% had a “no” certificate, and 16.0% had an “unknown” certificate.

Only 4.0% were receiving disability pensions. The pension status of 20.2% of respondents was “unknown” ; taking into account the rate of disability certificates, it is conceivable that in some cases, the benefits are not received because the respondents were under 20 years old. It can also be inferred that some respondents have a disability that would qualify them for a disability certificate, but they have not been diagnosed or do not know how to use the system.

Regarding their overall mental and physical health, 47.4% reported good health, 10.8% needed to obtain medical care, 1.4% needed to be hospitalized, and 40.4% were “unknown.”

In previous surveys of residents conducted by the Council for Self-reliance Support Homes (2005, 2008, 2015), respondents were also asked about mental and physical health conditions. The 2015 survey, which included residents who had left their homes , found that residents in need of support had “intellectual and developmental disabilities,” at 17.4%, or “mental health illness, disability or symptoms,” at 14.6% (National Council for Self-reliance Support Homes 2016). The post-discharge situation is not known for many, including both mental and physical health conditions.

For each of the 1715 cases. Respondents provided up to three current concerns with respect to the home: “Relationships (DV/dependence)” and “Original family problems” were the most commonly cited concerns, in 367 (21.3%) cases each. This was followed by “mental illness (e.g., addiction, PTSD, suicide attempts)” in 325 cases (19.0%) and “financial problems (e.g., debt)” in 324 cases (18.9%). Only 279 (16.2%) cases indicated “nothing in particular.”

As mental illness was noted as a concern in 325 cases, it may be that the rate of possession of disability certificates is not representative, and some may not be receiving the institutional support and care that they need. It can also be inferred that in many cases, individuals refused to engage with medical institutions, causing difficulties in diagnosis.

Only 2.3% of the respondents were high school graduates (special needs). However, overall, the highest percentage of respondents (35.0%) were high school drop-outs, followed by junior high school graduates (25.5%), with more than 60% of respondents having junior high school graduates as their highest educational background. This is considerably worse than the educational attainment rate of high school or above at 94.3% for children in foster care (Ministry of Health, Labor and Welfare, “Survey on the Current State of Social Care” as of May 2019). However, the presence of disability-based maladjustment in learning (low academic achievement) and social maladjustment (communication challenges) has been seen with respect to the high school drop-out rate (Naito 2020).

Current housing among moved out persons showed that very few used welfare facilities, such as “institutions for the disabled” (2.3%), “institutions for children” (1.1%), or “rehabilitation institutions” (0.5%). Overall, the most common type of accommodation was “flat, boarding house, or flat,” which accounted for 39.1% of the total. This was followed by “parent's home” at 10.5% and “live-in or company dormitory” at 5.0%, and 29.7% were “unknown.” These results should be understood while taking into account that living in a Self-reliance Support Home, at a parent's home, and at a sibling/relative's home may not be considered stable.

In the 2015 survey, 17.4% of residents in the Self-reliance Support Homes were identified as having “intellectual and developmental disabilities” and 14.6% as having “mental health diseases, disorders, and symptoms.” However, the status of disability certificates obtained by residents who left in 2018 (“Rehabilitation Certificate (Intellectual Disability)” (8.2%) and “Mental Health Welfare Certificate (Mental Disability)” (6.4%)), make it highly likely that the necessary disability welfare services are often not available to respondents after they leave their residence, but the details have not been clarified.

### 3. Summary

The two national surveys above have reviewed the general situation of care leavers with disabilities. The difficulties that care leavers face include financial problems, difficulties in achieving educational attainment, health problems, and isolation. In addition to this, care leavers with disabilities tend to

have difficulties that are specific to their disability and often have compounded difficulties. The facility staff and foster parents are aware of the disabilities and mental and physical situation of an individual living in social care, but after the individual leaves, staff cannot be fully aware of the difficulties that the person is facing, whether they are able to access social resources and other support, and what difficulties they are encountering concerning their disability and mental and physical situation.

### **III. Do children face different difficulties and obtain different support depending on their disability ?**

#### **1. Question.**

It is important to note that, as social care is considered to be “in-care for aftercare,” the ability to obtain the necessary assistance after leaving an institution, etc., depends upon developing a good relationship with staff and establishing trust while in social care (in principle until the age of 18), as noted elsewhere (Ibe 2013, 2018). This means that in-care service provision has an impact on the ability of children and young people to leave social care to connect to aftercare, including whether they can maintain a connection to guide them through care leaver surveys. Are there differences in in-care about whether a person has a disability? What care is required for children with disabilities living in social care? Are there fundamental differences in the challenges faced by children with and without disabilities?<sup>5</sup>

This section draws on the Survey on Support for Children Experiencing Poverty (2019), conducted in children's homes across the country, to determine differences in children's non-cognitive skills depending on whether they have a disability and whether there are differences in the support provided by institutions and staff, based on the data from the re-analysis.

#### **2. Overview of research and data**

The survey data are drawn from a questionnaire survey conducted in children's homes to examine the most effective type of support in developing the non-cognitive skills (socio-emotional skills) that are lacking in children experiencing poverty. Non-cognitive skills are individual competencies that are not cognitive skills (academic skills).<sup>6</sup> Although there are limitations to the development of abilities that can be measured by intelligence quotients for children with intellectual and developmental disabilities, focusing on support to improve non-cognitive skills makes it possible to clarify the type of support that is appropriate for children with disabilities.

The survey was mailed to 601 of the 602 children's homes listed by the National Council for Children's Homes, and 221 responses were collected, for a response rate was 36.8%; 209 of the 221 responses were included in the analysis, excluding 12 with significant missing data. The survey was conducted between March and May 2019.



A survey form was sent to children's homes across the country. The surveys were completed by one mid-level staff member who had been in charge of a child selected as the assumed child. By this means, we considered it possible to compare the situation of children at the time of admission with their current situation after a certain period in the children's home. The survey consisted of 49 items in five areas: 1) overview of the institution, 2) basic attributes of the respondents, 3) situation of the assumed child, 4) support for the assumed children, and 5) support for the institution as a whole.

This research was conducted as part of the Social Care Unit's research project "Theoretical and Empirical Research on Child Poverty and Social Outcomes of Learning" (Fundamental Research A17H01023), funded by the Ministry of Education, Culture, Sports, Science and Technology. The research ethics guidelines of the Japan Society of Social Welfare were followed in carrying out this study, and the Research Ethics Committee of Hosei University, where the principal investigator of this research unit has a position, approved this study.

Items on skills lacking in children in poverty and support for them are based on the concepts found in the analysis of interviews with school social workers and orphanage directors with experience in supporting children in poverty (Koura 2020, Fukuma 2020). These are based on the OECD framework of non-cognitive skills, grouped into three main categories: purposefulness, cooperation, and ability to cope with hardship.

See Kurita, Shindo, and Iwata (2021) for the overall results of this survey and Shindo (2020b) for a discussion of the support overall.

### **3. Children's disabilities and basic attributes**

Of 208 responses, excluding one non-response, the child had a rehabilitation certificate (indicating intellectual disability) in 28 (13.5%) cases and did not in 180 (86.5%). The breakdown of the 177 responses that were answered regarding possible intellectual or developmental disability (e.g., ADHD or autistic spectrum disorder). In the estimation of the person in charge, 75 (42.4%) replied "yes," and 102 (57.6%) replied no. Of the 32 who did not respond, 28 indicated that a Rehabilitation Certificate had been issued. This paper analyzes the 28 persons with a medical certificate and the 75 persons with possible intellectual or developmental disabilities, for a total of 103 as the "group with disabilities"; the 102 persons without a medical certificate and possible intellectual or developmental disabilities were the "group without disabilities." Of the 32 persons who did not respond to the possibility of intellectual or developmental disability from the viewpoint of view of the person in charge, 4 persons other than the 28 with a rehabilitation certificate (indicating intellectual disability) were excluded from the analysis. The breakdown is shown in Table 1.

Note that in what follows, different valid response items from the 205 respondents to the survey are included in the analysis, so some items do not necessarily add up to 205.

**Table 1 Children's disability status**

| group               | Status of diagnosis of disability, etc.                            | Number of responses case | Total           |
|---------------------|--|--------------------------|-----------------|
| Disability group    | Rehabilitation Certificate (indicating intellectual disability)    | 28                       | 103<br>(50.2%)  |
|                     | possible intellectual disability or developmental disability       | 75                       |                 |
| No Disability group | No Rehabilitation Certificate (indicating intellectual disability) |                          | 102<br>(49.8%)  |
|                     | No possibility of intellectual or developmental disability         | 102                      |                 |
| total               |  |                          | 205<br>(100.0%) |

Note : Four persons who answered 'no' in terms of whether they had a medical certificate (intellectual disability) and 'no response' regarding the possibility of intellectual disability or developmental disability (e.g. ADHD or autistic spectrum disorder) from the perspective of the person in charge were excluded from the analysis, as their disability and other conditions were unknown.

Cross-tabulations were conducted to examine the relationship between the presence or absence of disability and the child's basic attributes. In general, more males were recorded than females, regardless of the presence or absence of disability, and roughly half of the children had been in care for less than five years. In the current school year, there were more junior and senior high school students than primary school students. About half of the respondents were using public assistance, and the rest were in financial difficulties even if they did not receive public assistance (Table 2). In addition, 80% of all children, regardless of the presence of a disability, had experienced abuse (Table 3). Among physical abuse, sexual abuse, neglect, and psychological abuse, neglect was the most common type of abuse in all groups, experienced by over 60% of children. This was followed by physical abuse, psychological abuse, and sexual abuse, in that order. The "no disability group" had a rate of neglect that was 3.5 percentage points higher than the "with disability group," and for sexual abuse, the "with disability group" was 3.9 percentage points higher than the "without disability group," but for physical and psychological abuse, the difference between groups was less than 1 percentage point (Table 4).

Chi-square tests were performed on cross-tabulated data, but no association was found for any of the following items: child gender, length of stay in care, current school year, financial difficulties in the family before admission, child's experience of abuse, and type of abuse experienced (Tables 2 and 4). The P-values are not shown for reasons for admission because there were six cells (37.5%) with an expected frequency of less than 5.

These results show that there are no differences with regard to basic attributes with respect to the presence or absence of disability.

Table 2 Children's disability status and basic attributes

| group         | sex   |        |        | Length of stay    |                   |        | Current grade           |                                 |        | Family poverty status prior to admission |                                   |                             | total  |
|---------------|-------|--------|--------|-------------------|-------------------|--------|-------------------------|---------------------------------|--------|--|-----------------------------------|-----------------------------|--------|
|               | male  | female | total  | Less than 5 years | More than 5 years | total  | primary schools student | middle and high school students | total  | poor on public assistance                | poor but not on public assistance | poverty status of some kind |        |
| Disability    | 68    | 35     | 103    | 53                | 47                | 100    | 45                      | 57                              | 102    | 53                                       | 32                                | 16                          | 101    |
|               | 66.0% | 34.0%  | 100.0% | 53.0%             | 47.0%             | 100.0% | 44.1%                   | 55.9%                           | 100.0% | 52.5%                                    | 31.7%                             | 15.8%                       | 100.0% |
| No Disability | 59    | 43     | 102    | 49                | 52                | 101    | 36                      | 63                              | 99     | 50                                       | 36                                | 15                          | 101    |
|               | 57.8% | 42.2%  | 100.0% | 48.5%             | 51.5%             | 100.0% | 36.4%                   | 63.6%                           | 100.0% | 49.5%                                    | 35.6%                             | 14.9%                       | 100.0% |
| total         | 127   | 78     | 205    | 102               | 99                | 201    | 81                      | 120                             | 201    | 103                                      | 68                                | 31                          | 202    |
|               | 62.0% | 38.0%  | 100.0% | 50.7%             | 49.3%             | 100.0% | 40.3%                   | 59.7%                           | 100.0% | 51.0%                                    | 33.7%                             | 15.3%                       | 100.0% |
| P-values      | 0.228 |        |        | 0.525             |                   |        | 0.219                   |                                 |        | 0.837                                    |                                   |                             |        |

\*p< .10 \*\* p< .05 \*\*\* p< .01

Table 3 Disability and reasons for admission

| group         | reason for admission(one main reason) |                      |                                     |                                      |                                   |                          |   |       | total  |
|---------------|---------------------------------------|----------------------|-------------------------------------|--------------------------------------|-----------------------------------|--------------------------|---|-------|--------|
|               | abuse                                 | neglect and laziness | father's or mother's mental illness | bankruptcy or other economic reasons | refusal to take care of the child | father or mother missing | difficulty in custody due to child problems | other |        |
| Disability    | 23                                    | 28                   | 11                                  | 15                                   | 2                                 | 2                        | 2   | 8     | 91     |
|               | 25.3%                                 | 30.8%                | 12.1%                               | 16.5%                                | 2.2%                              | 2.2%                     | 2.2%  | 8.8%  | 100.0% |
| No Disability | 18                                    | 34                   | 19                                  | 17                                   | 4                                 | 1                        | 1   | 5     | 99     |
|               | 18.2%                                 | 34.3%                | 19.2%                               | 17.2%                                | 4.0%                              | 1.0%                     | 1.0%  | 5.1%  | 100.0% |
| total         | 41                                    | 62                   | 30                                  | 32                                   | 6                                 | 3                        | 3   | 13    | 190    |
|               | 21.6%                                 | 32.6%                | 15.8%                               | 16.8%                                | 3.2%                              | 1.6%                     | 1.6%  | 6.8%  | 100.0% |

Table 4 Disability and experience of abuse

| group         | experience of abuse (n=102) | Types of abuse (n=103,multiple responses) |              |         |                     |
|---------------|-----------------------------|---|--------------|---------|---------------------|
|               |                             | physical abuse                            | sexual abuse | neglect | psychological abuse |
| Disability    | 82                          | 28  | 8            | 63      | 24                  |
|               | 80.4%                       | 27.2%                                     | 7.8%         | 61.2%   | 23.3%               |
| No Disability | 81                          | 29  | 4            | 66      | 24                  |
|               | 79.4%                       | 28.4%                                     | 3.9%         | 64.7%   | 23.5%               |
| total         | 163                         | 57  | 12           | 129     | 48                  |
|               | 79.9%                       | 27.8%                                     | 5.9%         | 62.9%   | 23.4%               |
| P-values      | 0.861                       | 0.842                                     | 0.241        | 0.600   | 0.969               |

#### 4. Differences in support based on disability

Are there differences in the skills that children may have depended on whether they have a disability, and are there differences in the support provided by facilities and staff?

First, among the skills that children lack is the “ability to achieve goals,” which includes the abilities ① to know oneself, ② to continue, ③ to manage, and ④ to anticipate the future. Likewise, within the “ability to cooperate,” another lacking skill, includes the ability to ① trust others, ② build relationships, and ③ express oneself. A third skill lacking is the “ability to face difficulties,” which consists of the ability to (i) take up challenges, (ii) get back on one's feet, (iii) believe in oneself, (iv) solve problems, and (v) rely on others, are surveyed items. However, as the expressions “ability to manage” within the larger “ability to achieve objectives” did not fit into a survey targeting school-aged children in children's homes, Instead, “ability to control emotions” was used. In addition, the “ability to trust others” in the “ability to cooperate” and the “ability to rely on others” in the “ability to face hardships” are integrated and referred to as the “ability to rely on others.”

Table 5 presents a cross-tabulation comparison of the skills of children lacking at the time of admission and skills currently lacking.

With regard to the presence of disability and the skills that the children lacked at the time of admission, significant differences were found in 5 of the 11 ability items: ① to know oneself, ② to continue, ③ = to control emotions, (ii) the ability to get back on one's feet, and (iv) to solve problems. The children in the “with disability group” tended to be more lacking in these skills than those in the “no disability group” (Table 5, top row). On the other hand, no significant differences were found between the “with disability” group and the “without disability” group for the three ability items ① to know oneself, ② to continue, and (ii) to get back on one's feet. However, differences were still seen in ③ the ability to control emotions and (iv) the ability to solve problems. In addition, no differences were found between the “no disability group” and the “disability group” for the abilities of ④ to anticipate the future or (ii) the ability to rely on others at the time of admission, although differences were found at the time of survey (Table 5, middle row).

Among the differences observed between when the child entered the center and now, ③ the ability to control emotions, may have been affected by the characteristics of the child's disability and its relationship to the surroundings, which may have resulted in differences depending on whether the child had a disability. Then, (iv) the ability to solve problems, including difficulties in controlling emotions, is another difficult task for children.

Differences in ① the ability to know oneself that were observed at the time of admission in relation to whether the child had a disability may suggest that knowledge of one's characteristics, including disability acceptance, was an issue. Previous research has shown that disability acceptance is an important issue for the support of children with disabilities at children's homes (Shindo 2021). Then

the ability to continue and get back on one's feet may also be related to life skills developed within the institution and to the knowledge of their own characteristics. However, the ability to anticipate the future, which differs depending on whether the child has a disability, is related to the child's outlook on their own future, i.e., the assumption that the child will choose a path toward entering a special-needs class or special-needs school, and the ability to rely on others, as living with a disability requires this. The ability to rely on others may be an indication that the staff recognize that living with a disability also entails reliance on others.

However, a comparison between skills at present and at admittance shows that the children's skills have developed overall, regardless of the presence of a disability. For example, for the ability to know oneself, a 33.0-point difference is seen for the group with disabilities and a 6.9-point difference for the group without disabilities (Table 5, bottom row). Except for a loss of -1.9 points in the group with disabilities for the ability to anticipate the future, deficiencies in all other items decreased from admission to the time of the survey.

What kind of support is provided to enhance skills that were lacking when the children were admitted? In a survey of children's home directors and school social workers regarding support for skills that were lacking, the following were identified: providing food, clothing, and shelter; providing one-to-one support; communicating children's strengths; supporting parents; working with school teachers; encouraging peer interaction; and encouraging a variety of experiences, "Encourage participation in community activities," "encourage interaction with a variety of adults," and "encourage interaction with role models" are ten support items that have been created and set.<sup>7</sup>

Table 6 presents the relationships between the presence or absence of disability and the support provided to enhance the child's strengths by cross-tabulating the result. The items with significant differences were "communicating the child's strengths" and "encouraging participation in community activities." The differences in support for children with disabilities and for those without disabilities indicate that the staff were careful in their support of the children, in turn possibly indicating careful support for children on the part of the staff. Children with intellectual disabilities at the level of a Rehabilitation Certificate experience separation in their school life due to their disability, such as a division between regular classes and special-needs classes. In addition, for children with developmental disabilities who are not mentally disabled, their differing strengths and weaknesses may cause difficulties in school and institutional life, and providing support while considering can lead to support that conveys strengths to the child. Regarding "encouraging participation in local activities," children with disabilities may have few opportunities to participate in activities such as club activities and cram schools, so it is possible that local activities, such as sports and cultural activities, will be more important for them. It is also possible that children with special needs and children at upper secondary schools for special needs may need to commute across school districts, leading to a greater emphasis on

**Table 5 Comparison of skills lacking at the time of admission and skills currently lacking (n=103)**

| Past and present                    | a. ability to achieve goals |            |                    | b. ability to cooperate |                       |                   | c. ability to face difficulties |                        |                             |                          |                     |
|-------------------------------------|-----------------------------|------------|--------------------|-------------------------|-----------------------|-------------------|---------------------------------|------------------------|-----------------------------|--------------------------|---------------------|
|                                     | ① know oneself              | ② continue | ③ control emotions | ④ anticipate the future | ⑤ build relationships | ⑥ express oneself | ⑦ & ⑧ (v) rely on others        | (i) take up challenges | (ii) get back on one's feet | (iii) believe in oneself | (iv) solve problems |
| Disability                          | 63                          | 68         | 71                 | 65                      | 58                    | 68                | 46                              | 55                     | 49                          | 60                       | 77                  |
| Skills lacking at time of admission | 61.2%                       | 66.0%      | 68.9%              | 63.1%                   | 56.3%                 | 66.0%             | 44.7%                           | 53.4%                  | 47.6%                       | 58.3%                    | 74.8%               |
| No                                  | 30                          | 46         | 52                 | 55                      | 51                    | 59                | 43                              | 55                     | 30                          | 56                       | 60                  |
| Disability                          | 29.4%                       | 45.1%      | 51.0%              | 53.9%                   | 50.0%                 | 57.8%             | 42.2%                           | 53.9%                  | 29.4%                       | 54.9%                    | 58.8%               |
| P-values                            | 0.000***                    | 0.003***   | 0.009***           | 0                       | 0.365                 | 0.228             | 0.718                           | 0.940                  | 0.008***                    | 0.628                    | 0.015**             |
| Disability                          | 29                          | 47         | 48                 | 67                      | 32                    | 39                | 32                              | 40                     | 19                          | 28                       | 65                  |
| Skills currently lacking            | 28.2%                       | 45.6%      | 46.6%              | 65.0%                   | 31.1%                 | 37.9%             | 31.1%                           | 38.8%                  | 18.4%                       | 27.2%                    | 63.1%               |
| No                                  | 23                          | 44         | 32                 | 52                      | 32                    | 35                | 20                              | 36                     | 22                          | 39                       | 44                  |
| Disability                          | 22.5%                       | 43.1%      | 31.4%              | 51.0%                   | 31.4%                 | 34.3%             | 19.6%                           | 35.3%                  | 21.6%                       | 38.2%                    | 43.1%               |
| P-values                            | 0.356                       | 0.719      | 0.025***           | 0.041**                 | 0.962                 | 0.597             | 0.059*                          | 0.600                  | 0.576                       | 0.092*                   | 0.004***            |

\*p<.10 \*\* p<.05 \*\*\* p<.01

**Table 6 Supporting children to develop their skills (n=103)**

| concept    | providing food, clothing, and shelter | one-to-one support | communicating children's strengths | supporting parents | working with school teachers | encouraging peer interaction | encouraging a variety of experiences | participation in community activities | encourage interaction with a variety of adults | encourage interaction with role models |
|------------|---------------------------------------|--------------------|------------------------------------|--------------------|------------------------------|------------------------------|--------------------------------------|---------------------------------------|--|--|
|            |                                       |                    |                                    |                    |                              |                              |                                      |                                       |  |  |
| Disability | 76.7%                                 | 71.8%              | 43.7%                              | 39.8%              | 79.6%                        | 40.8%                        | 61.2%                                | 35.0%                                 | 34.0%  | 19.4%                                  |
| No         | 80                                    | 72                 | 60                                 | 43                 | 76                           | 38                           | 64                                   | 48                                    | 34   | 16                                     |
| Disability | 78.4%                                 | 70.6%              | 58.8%                              | 42.2%              | 74.5%                        | 37.3%                        | 62.7%                                | 47.1%                                 | 33.3%  | 15.7%                                  |
| P-values   | 0.766                                 | 0.843              | 0.030**                            | 0.732              | 0.385                        | 0.605                        | 0.816                                | 0.078*                                | 0.922  | 0.483                                  |

\*p<.10 \*\* p<.05 \*\*\* p<.01

participation in community exchanges.

Children show differences in terms of the difficulties they face and the strengths they lack, depending on whether they have a disability. In addition, although no significant differences were seen overall in the support provided to enhance children's strengths, differences were found in terms of the support provided to communicate children's strengths, i.e., supporting with an awareness of their strengths and in supporting and encouraging their participation in community activities.

#### **IV. Discussion and summary**

This paper focuses on children, young people, and care leavers with disabilities including intellectual and developmental disabilities, as well as other difficulties in their physical and mental conditions, to examine their current challenges. Several national surveys on social care were drawn on to identify how the situation of children and young people with disabilities has been understood. The survey data were re-analyzed to clarify whether differences appear in the challenges that children face in relation to their disabilities. It was found that financial problems and difficulties with educational attainment are widespread, in addition to health challenges and isolation. In addition to these difficulties, care leavers with disabilities meet compounding challenges that are specific to their disability. While living in social care, facility staff and foster parents are aware of the children's disability and their mental and physical situation, but social care is left, others are unaware of these challenges or whether social resources and other support can be accessed. It was found that the challenges of those who left care were not well understood. In addition, differences were found in terms of the difficulties children face and the strengths they lack, depending on whether they have a disability. In addition, while no significant differences were found overall in the support provided to enhance children's strengths, differences were found in the support provided to communicate with them, i.e., in terms of the support provided with an awareness of their strengths and in the support provided to encourage participation in community activities.

Therefore, the support provided in children's homes does not differ significantly in relation to whether a child has a disability. This could be seen to indicate that standardized care is provided regardless of disability or that children's homes are inclusive of children with disabilities. However, it can also be seen to indicate the provision of inadequate support that is not in line with the characteristics of particular disabilities. It has been noted in the past that support may not be provided in line with disability characteristics (Kimata 2010, Nakamura 2013, 2016), and more detailed research is probably needed, as there is a risk that disabilities are underestimated.

For example, in the UK, where children leaving social care are systematically supported, a system of support exists for young people with disabilities that are provided by professionals in the disability field (Stein 2012). Such support is set out in the Leaving Care Act (2000), which indicates that it is the state's duty as a "social co-parent" to provide as much support and opportunity as possible for care leavers.

The Care Leaver Strategy (2013) also includes “access to work” grants for disabled people and those with physical or mental illness, as well as “care for learning,” which includes support for childcare costs for learners under the age of 20 (Mizuho Information & Research Institute, Inc. 2017).

One reason for the lack of progress in understanding care leavers in Japan is that, despite the anticipated difficulties following leaving social care, the lack of a system of support by the government places greater responsibility on individual institutions, foster parents, and local authorities. The structures for care leavers that are in place in the UK must be taken as a model for strategic development in Japan, with a particular eye to the support provided for people with disabilities and those with physical or mental illness.

The National Youth in Transition Database (NYTD), which has been developed in the USA in recent years, is a questionnaire survey that captures post-release social care measures and allows the government to continuously monitor the state of care leavers. This system allows states' policies and practices regarding the collection and reporting of timely, reliable, and accurate data on young people in transition to be assessed (Whitten 2023). States must report independent living services provided to youth in foster care (aged 16-23), and they are mandated to administer the NYTD survey to youth aged 17, 19, and 21 to collect demographic information and measure outcomes (Rosenberg & Flannigan 2020) . NYTD data began to be collected in 2010, and data are reported semi-annually to the Department for Children and Families, which conducted the NYTD Review Process in 2017. The survey is also characterized by the participation of care leavers themselves (United States Children's Bureau 2017) . In addition, the program “Supportive Adults” is provided for young people who have experienced foster care or foster families in a system where care leavers themselves select adults they trust; this is a distinctive feature of US Foster Care.

In Japan, a system similar to the NYTD is needed and support should be planned based using cohort surveys. Only when such efforts are made can we measure the success of social care and whether society as a whole is nurturing children. In particular, for care leavers with disabilities, a “supportive adult” presence is needed. It is important, i.e., to expand the possibilities of living with access to care and support throughout the life course.

## Footnote

1. Generally speaking, foster care in Japan includes family-supportive consultation and support provided to families (e.g., by health centres and child and family support centres), as well as short stays and twilight stays involving the temporary separation of parents and children. Social foster care in the narrow sense is an alternative to family foster care and includes institutional foster care and family foster care. Institutional care is provided in residential facilities such as children's homes, infant homes, and child psychotherapy facilities.



2. The survey was conducted by Mitsubishi UFJ Research & Consulting Co. as part of the Ministry of Health, Labour and Welfare's 2020 research project on the promotion of child and childcare support.
3. Children's homes, children's self-support facilities, children's psychological treatment facilities, family homes, Self-reliance Support Homes, and foster families (all-inclusive) that last cared for the subjects of the self-administered survey (self-administered survey).
4. For disability status by facility type, see Mitsubishi UFJ Research and Consulting K.K. (2021).
5. In social care, it has been noted that some children present with developmental disorder-like symptoms as a result of abuse or other inappropriate care. However, to consider the support of children with disabilities from a broader perspective, it is necessary here to children who may have a disability from the perspective of staff are also considered as children with a disability.
6. Non-cognitive skills (social and emotional skills) are defined as : “those personal abilities that (a) manifested in consistent patterns of thoughts, feelings and behaviours, (b) developed through formal and informal learning experiences and (c) important drivers of socio-economic outcomes throughout the individual’s life.” The definition emphasizes the latent nature of the construct that is manifested in consistent patterns of individual responses across situations and contexts (OECD 2018). Research has shown that non-cognitive skills (social and emotional skills) are particularly important for promoting social outcomes such as health and well-being (OECD 2015). It has also been noted that non-cognitive skills are easier to develop, particularly in early childhood and adolescence, and that small gaps in ability in the early stages of life can lead to significant gaps in the life cycle, and these gaps may be a factor in exacerbating economic and social disparities (OECD 2018). It is therefore considered important to develop non-cognitive skills through family and early childhood education and schooling in early childhood.
7. See Koura (2020) and Fukuma (2020) for details of the surveys on which the support item setting was based.

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## 社会的養護における障害等のある子ども・若者・ケアリーバーに 関する現状と課題

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要旨：知的障害や発達障害がある社会的養護を離れた若者の状況を把握することを目的として、児童養護施設等の入所措置や里親委託等が解除された者（ケアリーバー）を対象とした全国調査を分析した。その結果、社会的養護を離れたあとは、障害や心身の状況に関わる困難や障害福祉サービス等の社会資源の利用状況が把握されていない状況であることがわかった。また、障害の有無によって、子どもが抱える課題や支援に違いがあるのかを明らかにするため、児童養護施設を対象に実施した全国調査データの再分析を行った。その結果、障害の有無によって子どもが抱える困難や不足している力には差異があることが示された。一方、子どもの力を高めるために行われた支援については、障害の有無によって大きな差はみられないものの、ストレングスを意識した支援においては差異がみられた。今後は、社会的養護を離れたケアリーバーを政府として把握する制度や、障害のあるケアリーバーへの支援体制の整備が求められる。

キーワード：児童養護施設、ケアリーバー、知的障害、発達障害