WHO-FIC NETWORK MEETING

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Care Management Utilizing ICF and Social Work Practice

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Abstract

I. History of Japan's postwar social welfare administration and social work

Japanese social welfare administration defined the service categories by user attributes, and the decision-making authority for services was the administrator before the 1990s. Moreover, service users were sorted out by the administrator according to the poverty level.

When the administrator provides the institutional care, The users were categorized by the types of impairment only.

II. Care management and social work for the independent living in the community

In 1990, social welfare laws were drastically revised, and it has become to provide welfare services at-home, so that users can live independently in the community instead of in institutions.

Also, the long-term care insurance act was enacted in 2000, reinforcing the changes in the social welfare, to support the independent living in the community.

In the independent living in the community, not only the impairment or ADL assessments, but also social life, environment, personal aspiration, joy of life etc. will be the important points for assessing user's need for welfare services.

So, the viewpoint and framework of ICF has become to play an important role in the process of care management. In social work practice, not ICIDH but ICF is the most important.

Especially, among the factors of ICF, Activities, Participation and Environment are important for social work practice, which needs to find out peoples' capacities by analyzing their living conditions in order to solve their problems.

The team approach for social workers with doctors and public health nurses is needed in coordinating the independent living in the community, and ICF is very important as the "common language" within the team.

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I. History of Japan's postwar social welfare administration and social work（Introduction）

After the Second World war, Japan learned social work theories from the U.S.A. However, most of them were based on the pathology model or clinical and psycho-analytical model.

Japanese social welfare administration clearly defined the service categories by user attributes, and the decision-making authority for using services was with the administrator.

Moreover, service user candidates were sorted out by the administrator according to the poverty level of the user him/herself or of his/her family.

When the administrator provides the institutional care for the user when the families are unable to provide care themselves at home, the level of impairments and ADL were basis for the assessment. The users were categorized by the types of impairment and sent to the institutions accordingly.

As seen in these facts, before the 1990s, there was no real social work practice in Japan.

II. Care management and social work for the independent living in the community

In 1990, social welfare related laws were drastically revised, and it was legislated to prepare the at-home welfare services with which users can live independently in the community instead of living in the institutions.

Also, the long-term care insurance act was enacted in 2000, reinforcing the changes in the ways of the social welfare administration, to support the independent living in the community of both the aged and the people with impairments became the mainstream thinking.

The importance of the theory and methodology of Care management was recognized in conjunction with the launch of the theory of the independent living in the community and the at-home welfare services.

The theory and methodology of Care management were fully developed in 1970s in the U.K, on the other hand, also in the U.S.A, since the integration of the social welfare methodology in social work was largely improved, the theories of General social work, Ecological approach and Strength model became more valued after 1970s.

In the independent living in the community, not only the impairment or ADL assessments, but also social life, living environment, personal aspiration, joy of life among others will be the important points for assessing users in need of welfare services.

So that, the viewpoint and framework of ICF has become to play an important role and be even aduty in the process of Care management.

In the international definition of social work, it states that “Utilising the theories of human behavior and social systems, social work intervenes at the points where people interact with their environments.” and “The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.” (Adopted by the International Federation of Social Workers and the International Association of Schools of Social Work at the General Meeting in Montreal, Canada in 2000) In social work practice, not ICIDH but ICF is the most important for social workers.

Especially, among the factors of ICF, Activities, Participation and Environment are important for social work practice which needs to find out peoples’ capacities by analyzing their living conditions to solve their problems.

The team approach for social workers with doctors and public health nurses is needed in coordinating the independent living in the community, and ICF is very important as the “common language” within the team.