

A classification of the 10 most commonly faced health and social issues by social service recipients in Kotobuki-cho, Yokohama

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Objectives: The aim of this study was to classify the most commonly experienced issues among social service recipients living in poverty. In accordance to social disorganizations theory, 10 categories of health and social issues were identified in view of facilitating participant assessment and screening procedures for social workers.

Methods: The data were collected by social workers between April 2005 and June 2006. We examined social work evaluations of 148 self-referred participants that sought social services at the Sanagi non-profit organization in Kotobuki-cho, Yokohama. We categorized themes and patterns of the phenomenon, or more specifically, the interaction of the viewpoint of the participants with the processes in the production of existing situations, milieus, and social order.

Results: Ten significant categories of health and social issues were identified: homelessness, health care, recently moved, welfare, job training, conflict, additional income assistance, victim of a crime, addiction, and debt. An analysis of the data indicated a relationship between social disorganization, relative poverty, and these 10 health and social issues.

Conclusion: These categorizations may facilitate social service recipients' assessment and screening processes for social service professionals.

Key words: homelessness, health, social well-being, relative poverty, social disorganization

Introduction

There have been some studies that have examined social disorganization theory as it relates to socioeconomic status, crime, and delinquency,¹⁻⁴ as well as studies that have linked the relationship between social determinants of well being with physical and mental health.⁵ The significance of social disorganization and relative poverty may be extracted from the data using a phenomenological approach and analysis.⁶ Demographic and political challenges faced by industrialized countries such as an aging population and low birth rates have begun to disproportionately affect the most vulnerable populations.⁷ A case study of issues prevalent in Kotobuki-cho, Yokohama in Japan (see supplement on historical background) can provide insight with regards

to the needs of older adults living in poverty for the following reasons: the population of Japan is aging at the fastest rate among industrialized countries, the birth rate in Japan is among the lowest in the world, and the average life expectancy in Japan is the longest in the world.⁸

Social disorganization theory suggests that factors such as low socioeconomic status, residential mobility, and family disruption lead to high crime and delinquency rates.^{1,9} According to Sampson and Groves,¹ social disorganization can be defined to include the presence of problem behaviors such as public drinking, drug use, and crime. Latkin and Curry¹⁰ subsequently expanded this hypothesis to posit that social disorganization can potentially be deleterious to both physical and mental health. More specifically, stress tends to

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disproportionately affect individuals housed in impoverished neighborhoods as living conditions are often accompanied with various stressors which may then contribute to mental illness.¹¹

Mental illness, in turn, has been associated with physical health problems such as cardiovascular disease and other morbidities.¹¹ Social disorganization theory's hypothesis that various stressors in disorganized neighborhoods can negatively affect health is further supported by a substantial body of research linking the relationship between social determinants of well being with physical and mental health.⁵ For the purposes of this study, relative poverty will be defined as people who have adequate goods and services to survive but who live in conditions "far below the general living standards of the society or social group to which they belong."¹² The concept of relative poverty is further based on the belief that a discussion about poverty must take into account not only physical health but social and psychological well being as well.¹³

Literature supporting the relationship between social disorganization and relative poverty with physical and mental health has been established primarily in terms of its impact on children and youth. Leventhal and Brooks-Gunn¹⁷ claim that socioeconomic status can greatly impact a child's health and development. Social disorganization, as described above, has been associated with more punitive parenting styles, maternal depression, and family dysfunction. These factors have been shown to lead to negative child outcomes in terms of verbal and behavioral development as well as health.² The impact of social disorganization and relative poverty on the development of a child has been noted as significant in other developed countries such as the United States and Canada.³⁻⁵

This study applied the social disorganization theory to health and social service practices with older people living in relative poverty in Kotobuki-cho, Yokohama. The underlying rationale for this study is based on the assumption that the significance of social disorganization and relative poverty on the mental and physical health of older adults can be understood from a phenomenological perspective. Since the literature regarding the health outcomes associated with neighborhood social disorganization and relative poverty among older adults is limited, this research strives to go beyond the scope of past inquiries by providing background to the issue, and by analyzing the data of primarily older social work participants in order to answer the principle research question.

The aim of the present study was to classify the most

commonly experienced issues among this population into 10 categories in view of facilitating participant assessment and screening procedures with the social disorganization theory. The resulting standardization of assessment allows social workers and healthcare workers to pinpoint the participants' needs and efficiently determine treatment plans. Additionally, categorizing the Kotobuki-cho residents' most frequently experienced health and social issues can serve to inform the future of health and social policy by allowing for greater focus on the most prevalent concerns for older citizens living in poverty.

Participants and Methods

Participants and data collection

The data were collected by the social workers between April 2005 and June 2006. We examined social work evaluations of 148 self-referred participants that sought social services at the Sanagi non-profit organization. The data were extracted directly from assessments conducted by social workers at the organization. All the participants' records received by social workers at the organization, between April 2005 and June 2006, were included in this study.

Data analysis

We focused on the experience of social disorganization, relative poverty and older adults' perspectives on self-reported health conditions. Given this objective, in accordance with the phenomenological method,⁶ the researchers were guided by the following steps as a model for this study. All the interview data were reviewed in order to gain an overall feeling or impression. We listed important statements from each interview that related to the topic, and treated each statement as having equal worth. Following this, a list of statements was developed. Each statement was grouped into meaningful units, in which the researcher described the texture of the experience. The information from the interviews was then reduced into themes and patterns. This was to allow for the emergence of themes that were common to all of the participants' descriptions. However, the researchers were prudent to insure that extracted themes and patterns did not sever the connection from the meaning of the original descriptions.

In order to validate the material in the clusters of themes or patterns, the themes were then compared with the original statements to see if any information was inadvertently left out. We subsequently reflected on the participants' own original statements, meanings, and

interpretations, and explored possible variations of meanings. This process, allows the researchers to study the phenomenon in greater depth. In this study, the phenomenon was considered to be the interaction of the viewpoint of the participant with the processes in the production of existing situations, milieus, and social order.⁷ We present a categorization of themes and patterns of the phenomenon into 10 categories of issues. As a final point, the 10 categories were further divided by gender and age brackets grouped by decades, in order to determine whether specific issues were more commonly experienced by a certain gender or age group.

Ethical considerations

This study was conducted in compliance with the guidelines outlined by the Ministry of Health, Labor, and Welfare, Japan (2006). The regional social work supervisor was notified concerning the outline of this study and agreed to provide data following a written guarantee of the participants' confidentiality. All information was anonymous since the participants' names were deleted prior to receiving the data.

Table 1. Ten health and social issues with examples

1. Homelessness
Caused by losing a job due to injury or health concerns, failure to pay rent, conflict with landlords
2. Health care
Back and hand pain, leukemia, diabetes, tuberculosis, vision impairment, depression, or suicidal ideation
3. Recently moved
Due to ineligibility for welfare in another region of residence, seeking employment, seeking alcohol counseling
4. Welfare
Concerns regarding ineligibility for welfare, mediation, transferring records from another district
5. Job training
Questions regarding eligibility, inquiries about switching jobs, termination of job training due to conflict
6. Conflict
Inability to compromise with co-workers, disagreements with welfare agents, landlords, or family, or domestic violence
7. Additional income assistance
Inquiries with regards to receiving meal vouchers, transportation tickets, or emergency financial aid fund
8. Victim of a crime
Money stolen at work, residence, or medical clinic, or domestic violence
9. Addiction
Drugs, alcohol, or gambling
10. Debt
Causing failure to pay rent, or harassment by collection agencies

Results

There was a total of 148 participants' evaluations considered for the present study of which 120 were from male respondents. The participants ranged in age from being in their 20s to their 80s, the mean age was 45. 99.3% of the respondents were of Japanese origin, while 0.7% were of Korean decent.

We identified 10 categories of issues commonly faced by participants. Table 1 offers the meaning of the significant statements. Table 2 shows the types of issues by gender.

1. Homelessness:

Although, in the European context, the term homeless can sometimes be used to refer generally to those with "unstable or insufficient housing conditions,"¹⁴ who are at risk of living on the street, in Japan, the term homeless is less inclusive. In Japan, homelessness refers specifically to people who sleep outdoors as they do not have access to any other form of shelter.¹⁵ As such, in the present study, only participants who were subject to living on the street were considered to be homeless.

Table 2. The 10 most commonly faced health and social issues categorized by type and gender

Issue	Male n = 290 (%)	Female n = 60 (%)
Homelessness	160 (55)	18 (30)
Health care	142 (49)	28 (46)
Recently moved	99 (34)	11 (18)
Welfare	93 (32)	30 (50)
Job training	58 (20)	2 (3)
Conflict	41 (14)	28 (46)
Additional income assistance	38 (13)	0 (0)
Victim of a crime	29 (10)	4 (7)
Addiction	23 (8)	7 (11)
Debt	15 (5)	2 (3)

According to this definition of homelessness, 55% of the evaluated participants were considered to be homeless. Circumstances leading to homelessness varied from losing a job due to injury or health concerns, conflict with landlords, family or other residents, inability to pay rent or mortgage, to avoiding collections agencies. The duration of the state of homelessness ranged from 1 day to 26 years. The length of time living on the streets was generally related to more chronic and severe healthcare problems.

2. Health care:

The researchers categorized participants with physical or mental health concerns, or both, under the general heading of healthcare issues. In this study, only participants who reported being unable to work, unable to function independently in activities of daily living or who had been hospitalized due to mental or physical illness were considered to have healthcare related concerns. Healthcare concerns included mental health issues such as suicidal ideation, substance abuse, and depression while some examples of physical health concerns are back and hand pain, leukemia, diabetes, tuberculosis, stomach pains, muscle spasms, and vision impairment.

3. Recently moved:

This category refers to participants who have either moved to the Kotobuki-cho area within 1 month of this evaluation, or who have outstanding issues with their previous region of residence, or both. This includes participants who are ineligible for welfare in the Kotobuki-cho area as a result of already having received welfare from a different jurisdiction, or who are otherwise experiencing financial or social difficulty due to recent relocation. Thirty-one percent of the participants had moved to the Kotobuki-cho area within 1 month of the evaluation or requested help addressing outstanding problems associated with their previous region of residence, or both. Reasons for moving to the area included being ineligible for welfare in another district, seeking employment, and alcohol counseling.

4. Welfare:

All of the participants with questions or concerns regarding welfare application, welfare eligibility, or appealing welfare decisions were considered to have issues in terms of welfare. Thirty-six percent of the participants had questions or concerns regarding welfare. Common issues related to welfare were ineligibility, requiring help to fill out application forms, a need for

mediation with a welfare worker, and requests for help transferring documents from their previous region of residence.

5. Job training:

This category refers only to those participants who requested information on employment training programs, requested to change training programs, or who sought assistance to prepare for an interview. This does not include participants who are unemployed and are not seeking to learn new skills to increase their employability. Eighteen percent of the participants requested assistance or counseling regarding job training, with a significantly higher proportion of men interested in job training (20%), as compared with only 2% of women. Based on these figures, men in their 40s and 50s seemed to be most interested in seeking job training. Common concerns included questions regarding eligibility to enter a job training program, the desire to switch jobs, and termination of job training due to conflict with an employer or co-worker.

6. Conflict:

This category encompasses anyone who was experiencing difficulty concerning shelter or financial needs as a result of a dispute, disagreement, or an inability to comply with instructions or regulations of an establishment. Forty-six percent of females compared with only 14% of males requested assistance to resolve some form of conflict. Common forms of conflict with males included inability to compromise with co-workers, disagreements with landlords or welfare agents, as well as family disputes, while a significant portion of conflict experienced by women was related to domestic violence or fear for safety.

7. Additional income assistance:

This category includes any client who was receiving welfare or pension at the time of evaluation and who claimed to need additional income assistance to meet financial needs. Thirteen percent of the males and 0% of the females requested income assistance in addition to income from welfare or pensions. Differing forms of additional assistance provided included meal vouchers, transportation tickets, and emergency financial aid.

8. Victim of a crime:

Anyone who claimed to have been the victim of a crime that is deemed an offence by the criminal code of Japan was included in this category. Nine percent of the participants reported being the victim of either a property

or violent crime. Men commonly reported having their money stolen in locations such as at work, at their residence, or in a medical clinic or hospital, whereas the majority of crimes suffered by women were related to domestic violence.

9. Addiction:

Addiction includes substance abuse or gambling habits that are uncontrollable to the extent that it excludes the possibility of regular employment or the independent completion of activities of daily living. Nine percent of the participants reported being addicted to narcotics, alcohol, or gambling.

10. Debt:

Those participants who felt obligated to conceal their identity, relocate, or who were otherwise unable to meet financial needs due to the incapability of returning borrowed money were deemed to be in debt. Five percent of the participants required assistance with debt management. Concerns ranged from access to legal advice in order to settle matters with collection agencies, to request mediation, or to negotiate with landlords or other people to whom money was owed.

Gender comparison

Some similarities as well as differences between the experiences of men and women were noted. The most widely experienced issue for both males and females were concerns related to healthcare with an average of 50% of the participants reporting that either a physical or mental health issue was preventing them from being employed or independently completing their activities of daily living. However, 55% of self-referred males were homeless compared to only 30% of females.

Another area that revealed a discrepancy between the sexes was the category of "recently moved," with 34% of the male respondents having moved to Kotobuki-cho within 1 month of the evaluation, compared with only 18% of the females that were new to the area. Similarly, although 20% of the male respondents were seeking assistance with job training, only 3% of the women inquired about job training. In terms of needing financial assistance in addition to current income, 13% of the males reported such concerns, while no females requested such support. This may be partially explicable by the fact that only 32% of the males were receiving welfare benefits at the time of the evaluation, compared with 50% of the female respondents. Only 14% of the males required assistance regarding a conflict, while 46% of the females requested such support. Levels of aid

requested for being victims of a crime, concerns with addiction, or debt were similar between men and women. However, the types of victimization varied between the sexes as males, in virtually all cases, were the victims of property crimes, while women were most often the victims of violence, i.e., domestic violence.

Discussion

We studied the concepts of health and social service practices regarding older people living in relative poverty in Japan. The most commonly experienced issues were classified into 10 categories in view of facilitating assessment and screening procedures. Among this population, healthcare was the most significant issue experienced by both men and women. In contrast, more men reported homelessness, recent relocation, and the need for financial assistance as significant issues, whereas more women required assistance with a conflict. Additionally, the nature of the conflict differed between men and women as conflict entailed primarily domestic violence for women while conflict for men included disagreements with co-workers, landlords, or family members.

Based on a phenomenological approach, the experiences of the respondents offered new insights. Our results support the views that the various manifestations of social disorganization act as stressors in the lives of older adults and adversely affect their sense of well-being and ability to cope with challenges,^{1,9} and that relative poverty is related to the mental and physical health of older adults.^{5,10,11}

Social disorganization theory suggests that low socioeconomic status, residential mobility, and family disruption lead to high crime rates and have an adverse effect on mental and physical well-being.^{1,9,16-19} The results of the present study also support this argument. Nearly half of the participants mentioned health as a specific concern in their lives. These data reveal that many older adults experience overlapping consequences of social disorganization such as crime, poverty, and inaccessibility to health and social resources. A majority of older respondents requested assistance in obtaining financial, social, or healthcare services. The higher-than-average prevalence of crime, poverty, and homelessness experienced by older adults in Kotobuki-cho,¹⁶ combined with the large percentage of residents that had moved to this neighborhood within 1 month prior to evaluation were found to compromise the participants' ability to receive appropriate care.

Concerning social inequality,^{1,9} older adults who had

spent more years living in a state of homelessness reported more severe and chronic health concerns. The data seemed to reveal that older adults who had more stable sources of income or who had more secure forms of housing for a longer duration of time suffered less severe health conditions.^{1,5,9-11} This suggestion would need to be explored further as it is beyond the scope of this study. However, this is consistent with Heymann's⁵ argument that social conditions such as employment and living conditions are interconnected and are important determinants of health.

Among the limitations that should be considered includes the fact that as phenomenological studies are based on specific time and context, this makes it difficult to specify the external validity of this inquiry.²¹ Although Lincoln and Guba²² stated that in such a study, providing a description that "enables someone interested in making a transfer to reach a conclusion about whether a transfer can be contemplated as a possibility" is sufficient, more precise statements of external validity such as statistical confidence limits would offer a meaningful contribution to the existing results. Future research might involve a sample of older adults in more affluent neighborhoods around Yokohama to compare differences in relationships between social disorganization, relative poverty, and health.

The results of the present study revealed some notable information regarding the future development of social work policy and programs. Findings from our study support the idea that social disorganization, relative poverty, and health among older adults are related.^{1,5,9-11} In addition, Heymann⁵ suggested that social realities such as living conditions and social networks may be more important determinants to health than healthcare system use and expenditures, i.e., social workers in the community can greatly contribute to the well-being of older adults by linking participants to health and social resources which are often difficult for vulnerable populations to access. Social workers can also indirectly affect the well-being of their participants by facilitating access to more stable and safe living conditions by providing avenues for social support.^{1,9}

This study categorized the patterns and themes of the participants' experiences to gain a deeper understanding of the complexity of issues faced by older adults living in relative poverty. This represents a step toward standardizing health and social service screening procedures that will allow healthcare providers to focus on social service recipients' needs and assessments and to help develop more efficient treatment plans that will directly address their most pressing concerns.

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Supplement

Historical background of Kotobuki-cho

In the context of Japan's rapidly changing economic and social fabric in the past two decades of economic slow down characteristic of highly developed countries worldwide, the inadequacies of current social welfare policies in Japan are increasingly becoming visible. According to Kennett and Iwata, it is the day laborers and contract workers who are the most vulnerable to market fluctuations, and who thus suffer disproportionately in the face of the current economic stagnation.²² In support, a nationwide survey revealed that 51% of persons living on the street became homeless due to work-related circumstances such as the bankruptcy of the company of employment, the reduction of business, or illness, injury, and advanced age as factors making it difficult to work.¹⁶ Given Japan's rapid growth in the homeless population as well as the associated health concerns that have been linked to poverty, the necessity to study the phenomena in greater depth emerges.

Kotobuki-cho is an interesting case study as residents of this area have been particularly vulnerable to market fluctuations.¹⁷ Based on the neighborhood's proximity to the Yokohama harbor, the availability of jobs at the "yoseba," which is defined as a marketplace for the recruitment of day laborers,¹⁷ varies greatly depending on the economic climate. Given the fact that day laborers in general, and more specifically in the Kotobuki-cho area often enjoy neither job security, benefits, nor the security net of a strong social network, the impact of the changing economic and social fabric have been particularly harsh in this neighborhood. This district has become characterized by an inordinate number of welfare recipients, older people, people with disabilities, and the homeless. Kotobuki-cho in Yokohama prefecture occupies a landmass of 0.06 km², with a population of 6,461 inhabitants. Among residents of this neighborhood, an estimated 70% of the population is now between the ages of 55 and 75. Furthermore, 79% of the residents of the area are dependent on welfare, while 99% of the

homeless population consists of single males.

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