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Japan in Face of the COVID-19 Pandemic - Issues and concerns for Social Work

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This paper will examine the methods and resources for leading through the current crisis of COVID-19 in Japan. How its people displayed a level of heightened compliance to government restrictions and the response of the human service and social work professionals will be addressed. Factors that seem to have contributed to current strides in Japanese society briefly are (1) the high awareness of hygiene and availability of quality medical and human care and (2) he collective pressure in the community since February, rightly attributed to Japanese cultural traits. These two influences have assisted in fostering positive and collective behaviours to maximise the benefits for society. This paper is based on a quick study it is presented in three parts. Part I, provides an overview starting with the Japanese infection of the COVID-19, the reporting around its senior citizens and high-risk groups, and relevant social work service provision. Part II. draws on social work issues central to the pandemic and provide a narrative of Japanese people. In Part III the authors present the impact of the COVID-19 pandemic on the social work profession including its practice and education, with the inclusion of some critical ethical issues. Field work practice is central to social work education, and how these needs have been addressed during the pandemic and post pandemic situation is also discussed with case examples. The findings report that whilst complying with the declaration of self-restraint, people were utilising the opportunity to spend time with their families and enrich the quality of these relationships. Deepened family ties have been attributed to the self-restrained compliance, however so too has the increased risk of domestic violence and child abuse. The findings are also attributed to the practice of cultural ethics of Shinto, Buddhism, and Confucianism that may have provided the enabling ethos to support continued efforts of lockdown compliance. A very important finding is a further spread of the new awareness of cleanliness, such as avoiding dirt and stains, that seems to explore and explain a norm of “new daily life” for the entire population.

Key words: *Covid, Social work Japan during Covid, Japanese compliance, cultural*

ethics and covid

Introduction

Japan is currently experiencing a 'super-aged' society. In the light of reports that senior citizens are the high-risk group with regard to COVID-19, the MHLW (Ministry of Health, Labour and Welfare) and local authorities have repeatedly alerted social work service providers on the importance of raising awareness on hygiene since February 2020. Since then, Japan has seen a high awareness of hygiene, the quality of medical and human care treatment, and the collective pressure of compliance in the community.

The current status and issues of Japan on social work against the new coronavirus is described. In Japan, most people have been spending more time with their family, especially after the Japanese government issued an emergency declaration on April 6. However, it is also thought that such a declaration of "JISHUKU" (meaning self-restraint) has contributed to the original Japanese withdrawal tendency.

The full self-restraint declaration in Japan was able to move some street dwellers from the road to temporary lodgings. The same full self-restraint declaration also created a situation where most family were together in the same house all day. This helped deepen family ties, but also increased the risk of domestic violence and child abuse.

The cultural ethics of Shinto, Buddhism and Confucianism, which have been cultivated by Japanese peoples over the years, may have supported such situations and continued efforts that Japanese people had a high level of compliance awareness (a high degree of intent to behave in the same manner as everyone). However, it may be related to the fact that it further promotes and utilizes the high awareness of cleanliness, such as avoiding dirt and stains. At present, Japan is in the midst of exploring a "new daily life" for the entire population.

The impact of the COVID-19 pandemic on the social work profession includes practice and education. Social workers face practice challenges mainly in coordination roles as well as various ethical dilemmas; the issues described are of medical social work. Under such circumstances professional bodies engage in surveys and submission of demands to the government. In social work education, most schools have had to provide online education with negative effects on the practicum components, especially field placement.

While some measures were taken by regulating agencies, schools of social work are still looking for concrete solutions to the problem on an individual basis and such a case example is provided.

Part I: Overview of Japanese infection of the COVID-19

Japan consists of four main islands (Hokkaido, Honshu, Shikoku, and Kyushu) and nearly 6,800 smaller islands (Ministry of Land, Infrastructure, Transport and Tourism, 2012). The total land area of Japan is approximately 378,000 square kilometres (Ministry of Foreign Affairs of Japan, 2014). The largest island, Honshu, is approximately 228,000 square kilometres and is the seventh-largest island in the world.

The population of Japan is estimated at 126,144,000 as of December 1, 2019. Japan has 47 prefectures, and each prefecture is governed by the local administration. The population density of the country is 340.8 persons per square kilometre. However, urban areas (Tokyo, Osaka, Aichi, Fukuoka, Kanagawa, Saitama, and Chiba prefectures) have a much higher density at more than 1,000 persons per square kilometre.

Table 1 The population by age and sex (as of December 1, 2019 (Final estimates)

	Both	Male	Female
Total Population	126,144,000	61,401,000	64,743,000
Percentage distribution of age groups (%)			
under the age of 15	12.0%	12.7%	11.4%
Age of 15-64	59.5%	61.9%	57.2%
65 and over	28.5%	25.4%	31.4%
75 and over	14.7%	11.9%	17.3%
85 and over	4.7%	3.0%	6.3%

（Source: Statistics Bureau of Japan, Ministry of Internal Affairs and Communications.）

On January 16, 2020, the first COVID-19 case was confirmed in Japan. This was followed by a large number of infections aboard the Diamond Princess cruise ship. In its report, the Ministry of Health, Labour and Welfare (MHLW) released the information that there were

21 COVID-19 positives, including six Japanese aboard the ship. As of February 12, out of 492 people that were PCR tested, 174 tested positives. On the same day, the MHLW released information that a Japanese tested positive for COVID-19 among 16 people.

The first death in Japan was reported on February 14. In February, infections spread rapidly in mainland Japan, with the number of symptomatic COVID-19 positive individuals rising to over 200 by the months end. The current report shows the number of COVID-19 positives in Japan as 17,456 people as of June 19, 2020 (MHLW, 2020b).

Table 2 COVID-19 infections in Japan calculated by MHLW as of June 19, 2020

	PCR tests*2	Positives	Hospitalization	Dispatches and the end of the treatment	Death	Monitoring (under confirmation)
Cases*1	340,426	17,456	707	15,811	935	7
Quarantine at the airports	62,125	269	87	182	0	0
Returners by chartered vessels	829	15	0	15	0	0
Total	403,380	17,740	794	16,008	935	7

*1 source from local authorities' press-released paper.
*2 Several local authorities have counted differently and released the number of cases.
(Source: MHLW press-released data (2020c)

There are no official reports on the number of deaths in care homes for the elderly, nor child residential services in Japan from COVID-19 at this moment. However, the MHLW released reports on the 'clusters' in medical institutes and social work service institutes for the elderly, handicapped, and children, as of March 31. The "clusters" refer to places where a COVID-19 positive individual came in contact with more than five people around the same time. The MHLW reported that fourteen clusters occurred in eight prefectures (Hyogo, Ibaraki, Gunma, Kanagawa, Chiba Tokyo, Aichi, and Oita).

During the first wave, the number of people identified as COVID-19 positive, and who

were forced to wait for hospitalization increased from fifteen people to a maximum of three hundred seventy-two people by April 25. However, there was also a significant number of "Discharged and the end of medical treatment." Sixteen thousand and eight people have already discharged and finished their treatment by June 19. This data may indicate the quality of medical treatment in Japan. Japan has lost nine hundred thirty-five people due to COVID-19, as of June 20, 2020.

The recent facts illustrate that Japan is in a period of a lull just before the second severe wave of COVID-19. Some quarantine measures have been taken to contain the spread of COVID-19; however, there have been some reports of infection with no apparent routes of transmission. The Japanese government has shifted to respond to the serious allegations that it has conducted fewer tests for the virus than other countries.

MHLW has committed to the new follow-up system of COVID-19 positives; "COVID-19 Contact-Confirming Application (COCOA)." It is to confirm contacting with COVID-19 positives anonymously and has been 1,550,000 downloads by June 19 (MHLW, 2020d).

Japan is currently experiencing a 'super-aged' society. In the light of reports that senior citizens are the high-risk group with regard to COVID-19, the MHLW and local authorities have repeatedly alerted social work service providers on the importance of raising awareness on hygiene since February.

Japan has seen the high awareness of the hygiene, the quality of medical and human care treatment, and the collective pressure in the community since February. How would it impact on the social work practice? It is still necessary to take time and examine the data.

Part II: Issues and the current situation in Japan.

1. Current situation of Japan

Mankind is facing an unprecedented situation in human history, which is the rapid change in daily life due to the new coronavirus. For a month and a half since the Japanese Government's declaration of an emergency was announced on April 6 until it was lifted on May 25, all Japanese people were asked to refrain from their activities. The Japanese

word which means self-restraint is JISHUKU. It means "to refrain from going out, outdoor activities, and economic activities at one's own will". Even now, the self-restraint continues, and the Japanese people are worried about when the infection will spread again. As of June 11, the cumulative number of confirmed infections in Japan is 17,406. From June 10, the number of infected people in Japan has increased by 42 per day.

Although the spread of infection has been suppressed, the risk of infection has not disappeared. As of June 11, the cumulative death toll was 925. In addition, the cumulative number of patients discharged from hospitalization for infection was 16,038. Eighty-five people have been discharged since June 10. Looking at the world, the total number of infected people is 7,360,239 as of June 11. The cumulative number of deaths is 416,201, and the situation remains severe.

As of June, partial attendance and distributed attendance at nursery schools and kindergartens have been realized, and partial attendance and distributed attendance at elementary schools, junior high schools, and high schools have finally been achieved. Even at universities, online lessons are provided at more than 80% of the universities. Many universities continue to keep students off campuses. Teachers are obliged to conduct online lessons, and staff members are working hard to support them. The extraordinary situation continues today. In Japan, the word "new daily life" is often used, and the idea of "living together with the coronavirus " is spreading.

Since our life itself has changed completely, we have no choice but to adapt to that situation, and the way of our work: the sharing of work information, the way of the meetings, and the lives of our families are all changing rapidly. Furthermore, all the faculty members are doing their best at the last minute while the infection situation changes every day. Children, young people, and users of welfare services of facilities and institutions adapt to the changes in the situation, and welfare fields are established with the cooperation of supporters and service users. On June 19, the self-restraint of movement across cities and prefectures will be all lifted in Japan, but we must also determine the impact.

The full self-restraint declaration in Japan was able to move some street dwellers from the road to temporary lodgings. It also created a situation where the family members were together in the same house all day long, which helped deepen family ties, but also

increased the risk of domestic violence and child abuse.

2. Characteristics of Japanese people when facing the corona crisis

It is possible that the cultural ethics of Shinto, Buddhism, and Confucianism, which have been cultivated and nurtured by the Japanese over the years, have influenced the spiritual foundations of this corona crisis. However, it was a pity that a famous comedian's sudden death at the end of March led to a heightened awareness of self-restraint, even though awareness of the risk of coronavirus was still insufficient.

It may have something to do with the high awareness of Japanese compliance (observing the rules) that was originally pointed out. A high level of intent to behave in the same way as everyone else, and a high level of traditional awareness of cleanliness that avoids “Yogore” and “Kegare”; "Yogore in Japanese (Dirty in English) ", meaning the body becomes dirty and becomes unclean, and "Kegare in Japanese (impurity in English)" meaning “being injured by bad things”. It is possible that the high level of traditional awareness of cleanliness also supported the attitude toward self-restraint.

In addition, as the Japanese social norms are bowing and greeting while keeping a physical distance; so, handshaking and hugging are rarely done normally. It is customary in Japan that physical contact, such as a hug, is considered an act that should be avoided in public. In seasons when the risk of influenza is high, the use of masks is well-established as etiquette and infection prevention. In Japan, it is etiquette to wear a mask when we have a cold. Such daily customs were already established, so the resistance to wearing a mask is considered to be lower than other countries. At school, hand washing and gargles are practiced before meals and after exercise, which has made it possible for a considerable number of Japanese people to become habitual.

From the old days, it seems that Japanese peoples are more likely to feel the collective pressure to observe the rules, and that there is a considerable mutual monitoring basic mentality in Japan (e.g. supporting each other in the neighborhood). It is thought that this is also the reason why many Japanese have voluntarily refrained from going out, despite the declaration from the government of self-restraint, which is poorly enforced. Japanese people recognize that it is a citizen's virtue to comply with the rules of the government and local governments.

In addition, even if some people were ignoring the rules, the police would not be dispatched. Traditionally in Japan, the word “Seken no Me” is used, and there is a tacit atmosphere that neighbors monitor their actions.

The word "Jishuku Police" has been newly added at this time, so some citizens voluntarily exercise surveillance functions instead of police and notify local governments if the rules are not observed. However, this is only a part, and it can be said that, in general, most of the Japanese have continued their self-restraint life at their own will. Under these circumstances, Japan is in the midst of exploring a "new daily life" for all people.

3. Current situation in the medical field

Despite the suppression of the dramatic increase in the number of infected people, medical personnel still engaged in the treatment of inpatients due to infection are still exposed to the risk of infection at harsh sites. Currently, although it has been considerably improved, in March and April, discrimination and prejudice against healthcare workers became a major issue. There were major social problems in which some medical staff asked children to use day service for infants but were denied admission. Most people are grateful to those who are medically important, but it is a pity that some, but not many, have such prejudices in Japan. Medical workers have suffered from discrimination and prejudice along with anxiety about the risk of infection with coronavirus.

Currently, it has subsided considerably due to increased support, encouragement, and criticism of discrimination and prejudice to medical personnel, but there are some medical personnel who are suffering from aftereffects and PTSD.

Discrimination and prejudice against health care workers and their families are serious problems that cannot be predicted.

4, The situation of the welfare field

Child welfare facilities are still scared of infections of children and staff. However, restrictions were eased and school attendance was partially resumed following the release of the emergency declaration on May 25. The school will adjust the children's attendance

to school in time (half of the classes in the morning, half in the afternoon, etc.), and from June 15, all the students will attend the school at the same time from the morning. As a result, the child welfare institutions were released from the situation that children had been staying in the facility during the day, which had been ongoing since the beginning of April. From March to the end of May, all children stayed in the facility during the day, and refraining from going out had a great impact on their stress. There are also reports that the number of troubles in the facility has increased.

Restrictions on children going to school and parents working from home and teleworking, the situation of staying at home all day long continued and increased the risk of domestic violence and child abuse. Whether or not this has increased will have to wait for future reports. The Child Abuse Prevention Society and the Child and Family Welfare Society continue to call for attention by signaling fears of child abuse and domestic violence in April, May and June. While many companies continue to work from home or telework for their parents, the same risk continues.

There is still the risk of infection at facilities for the elderly, facilities for disabled adults, facilities for disabled children, and family welfare facilities for children (infant homes, child care institutions, child independence support facilities, child psychotherapy facilities, mother and child life support facilities, etc.). Even though facilities have complete systems in place to minimize the risk of infection, the anxiety of not knowing when cluster infection will occur continues to this day in all facilities or institutions.

5. Aiming to build a "new everyday" in the corona crisis

Japan has a cultural climate in which a harmonious attitude is the most valuable which is based on collective cooperation, as well as hone interpersonal skills. Many people have pointed out that it was this kind of spiritual basis that made it possible to achieve considerable self-restraint under the declaration of an emergency. However, if the current situation continues, there is a danger that the connections with people will be disrupted and the community will gradually collapse.

This is a serious situation. Online lessons and teleworking techniques will expand significantly on this occasion. However, the "face-to-face human relationship" of meeting and talking with each other is the basis of human relationship and should never be broken.

It is feared that “social isolation” and “social exclusion” will accelerate not only in Japan's social welfare system, but in social welfare systems around the world.
It is difficult for medical professionals and welfare workers to eliminate their fatigue and exhaustion from being under pressure at work without visiting either gym or and theatre. Workers are truly at risk of burnout and compassion fatigue from both inside and outside the home, and are at risk of infection of both themselves and their family members.

In many workplaces, the way of working has changed completely with many resorting to having exchanges by e-mail or telephone. In these situations, the information will be only letters and voice, not face-to-face, and we have to pay attention to line spacing and tone. It takes a considerable amount of time to make a call, and the efficiency of work is greatly reduced. This is also a big problem at present.

Even amongst good friends or a good colleague who have a relationship of trust, there are unexpected reactions (anger, dependence, commitment, etc.) in these severe situations. There is a difference in meanings among staff when sharing information regarding the release of confidentiality obligations, so rules must be rebuilt each time. It is supposed that sharing of personal information will be very limited, such as what we can understand at a glance in documents etc. and how to share it with whom. Sharing personal information online is a major challenge for welfare-related workplaces.

At most universities, lessons were provided online, with students and many teachers locked out of the university, with only clerical staff on duty. Some universities are now somewhat changed. By April, I had a colleague who said that he seemed to be in a dream for a few days in this Coronavirus risk, but it seems to be happening in every job. We feel that we have a maladaptation in our daily life. There is also the fear and helplessness of fighting an invisible enemy (coronavirus). The kind of dissociation described above (which seems to be in a dream) is a kind of dissociation experienced during readjustment in the workplace and apparently appears to be a serious sign of burnout. There is a possibility that depersonalization (a loss of one's identity) is occurring.

6. Rebuilding new social bonds - the role of social workers

Many medical personnel and welfare staff are facing vulnerability of relationships, similar to that when the country faces earthquakes or other disasters. It is important to

rebuild the support systems of staff, caregivers and supporters. We need someone to talk to and hear the complaints about. Even if we don't speak anything, it is important to have time to eat together. Because of the situation of the coronacrisis, the sharing of "live time", which is realized simultaneously and bidirectionally, can deal with exhaustion and dissociation. The author thinks that the "real feeling of living" and "recovery of one's own identity" that are gradually coming out are required in the current situation of the "corona crisis", and are also required to build a "new life" to live with the crisis of coronavirus.

As the current crisis continues, it is tough to have something to "regain yourself" such as favorite dramas, sports, etc. For people who have had previous addictions or dependences, there is a likelihood for an increase in alcohol consumption and an increase in smoking amounts, and consideration should be had of deterioration.

In any case, it is now necessary to rebuild work-life balance, human relationships in the workplace, and relationships with families in order to build a “new daily life” and “new life” under the “corona crisis”. Social workers are aware that there is a danger that workplace collapse and family collapse will occur easily if we are not aware of it, and we have to be aware of support for staff at their workplace. In other words, the author thinks that in medical, welfare and educational fields, now professionals have to be more aware of the fact that we are "in a very critical situation." It is important to note that the existence of “a support professional coordinator” and “a support professional supervisor” is important as a function of social work to support professionals (social worker, Medical staff, Welfare staff, Education staff etc.).

The author summarized the current situation and issues based on the situation in Japan. Analysis of problems and issues continues now and in the future.

Part III: Impact on the Profession

1. Impact on social work practice

According to a survey conducted by the Japanese Federation of Social Workers (JFSW) in response to a request from the International Federation of Social Workers (IFSW), social workers in Japan are facing out of ordinary practical issues and challenges under the COVID-19 pandemic including specific ethical dilemmas (JFSW 2020). Many of

these are related to a lack of direct contact with clients and their families, as well as with other stakeholders due to preventive measures to stop the spread of the disease. This also refers to less opportunity for coordinating such as multi-professional conferences and a general scarcity in resources and services to utilize. Ironically, both potential overcrowding and the need for continued operation due to the closure of other services, and a drop in usage due to self-restraining clients or family influence pose problems for agencies. Overcrowding and continued operation could lead to insufficient preventive measures and a heightened risk of infection, while a drop in usage can cause a loss of income and financial hardship for the organization and isolation-related Activities of Daily Living (ADL) and/or Quality of Life (QOL) decrease for clients.

For medical social workers who work together on the frontline with medical professionals, the following challenges and dilemmas are reported through their respective professional body, namely the Japanese Association of Social Workers in Health Services (JASWHS, 2020). Usually, medical social workers in Japan are mainly in charge of patient flow management, psycho-social support for patients and discharge planning. This presupposes working closely with patients, their families, other professionals in the hospital and in other agencies including non-medical social services and possible informal resources. Therefore, the pandemic raises severe issues with regard to this professional role in form of restriction on interviews with patients and/or their family, barriers to hospital and other agency or home visits for assessment, limited coordination with other professionals and community stakeholders, cancellation of face-to-face conferences, lack of protective gear and/or their negative effect on inter-personal relationships such as rapport building and so on. Hospitals have faced a decrease in their number of patients. The reason for this is twofold: one is rejection of suspected COVID-19 cases and the other is self-restraint by patients who have avoided medical institutions during the pandemic. This results not only in a drop of income for the hospital, but also in a lack of necessary medical care for patients. Similar dynamics are observed not only with admission but in the other direction too, namely with discharge. In fact, patients have to spend more time hospitalized than necessary, since some social agencies for residential or home care refuse new clients, and outpatient medical clinics may reject patients from hospitals. Hence, patients cannot return to community living as soon as it would be possible for them from a strictly medical point of view. Such problems arise in hospital transfer too, with special difficulties appearing in inter-prefectural cases due to travel restrictions.

Under such circumstances, the largest member organization of JFSW, the Japanese Association of Certified Social Workers (JACSW) has actually submitted a list of professional demands to the Japanese government on May 18, 2020 (JACSW, 2020). The statement is mainly concerned with the unequal treatment of social work and care work staff as opposed to their medical counterparts. Based on the argument that social workers are essential workers too, demands include the distribution of protective gear, the formation of necessary guidelines and the provision of special benefits similar to medical staff. The document also refers to the following most pressing COVID-19 related social issues identified by a professional task force:

- Mental health effects of long-term distancing, domestic violence and child abuse
- Bankruptcy, unemployment and suicide due to business closures
- Discrimination towards infected persons and medical staff
- Social isolation of single senior households and non-working single parent households
- Health maintenance and care services for elderly people during social distancing
- Awareness raising about proper infection prevention with regard to implementing funerals and cremation with dignity for those who passed away

2. Impact on social work education

In Japan, there are three main national qualifications related to social work (Certified Social Worker, Psychiatric Social Worker and Certified Care Worker) and the Japanese Association for Social Work Education (JASWE) has 269 member schools as of April 2020. As other universities and other institutions of higher education, schools of social work face significant changes amidst the pandemic. In addition to the challenges of regular online education, one particular issue is the delivery of practicum education, such as social work laboratories and field placements. In fact, the Ministry of Health, Labor and Welfare (MHLW) issued a joint memo together with the Ministry of Education, Culture, Sports, Science and Technology (MEXT) regarding field placement in human services such as medical and social professions (MEXT & MHLW, 2020). The memo actually eased the requirements for the field placement component of education, enabling alternative measures such as laboratories (classwork) or in-house (in-school) placement. In accordance with the memo, JASWE issued a Presidential Statement in early April (the beginning of the Japanese academic and fiscal year) to member schools for the protection of potential clients, requesting them to refrain from sending students to field placement

in social agencies until the end of June, 2020 (JASWE, 2020).

In late April, JASWE also conducted a survey on the state of social work education in relation to COVID-19 (JASWE, 2020b). 222 schools (82.5% of the membership body) replied and reported on how they are coping with distance education online. Regarding lectures, over 90% of schools are engaged in or planning online distribution of materials and online assignments, while approximately 75% are responding with online videos and/or live streaming. These numbers are slightly lower for social work laboratory and field practicum related classes. As for field placement itself, while most schools planned it originally for the summer vacation (August and September), as of April 30, only 31% are planning it according to schedule, 29% are planning to change schedule, 22% will decide after June, 40% are considering alternatives according to the above mentioned ministry memo, and 22% are yet to decide on any direction. With regard to alternative measures, 44% are planning classwork instead, 19% are planning in-house placement, 13% other solutions, but in fact nearly half (48%) of schools do not know how to replace the field component. Considering impact to social work students, 594 had their field placement cancelled due to the pandemic in the academic year of 2019 (ending in March, 2020). Meanwhile, 12,645 students are scheduled to undergo their field placement in academic year 2020 (between April 2020 and March 2021) of whom almost 60% (7,473) are in their final year. This means that inability to finish their field placement due to COVID-19 could have detrimental effects on their national qualification process, their future career path and professional competence as well.

Finally, a case example is provided on one of the authors' universities. It is a JASWE member school of social work engaged in training Certified Social Workers, Psychiatric Social Workers, Certified Care Worker, and also School Social Workers as a specialty, with necessary field placement for all for qualifications. Since the university is relatively far from larger urban areas, the spread of COVID-19 in the region was somewhat late and remained on a small scale. However, since one of the first positive cases identified in the city was a student of the school, some hostility was observed by the local community such as incidents of discrimination in various services (healthcare, public transport etc.) towards students and faculty members, even though infection was contained to one case. In fact, initial difficulties also included acquiring a diagnosis, since PCR tests in Japan are provided in a limited fashion, often ignoring asymptomatic or mild cases. In this case, considerable pressure had to be applied by the university management to the local

government and the public health office to administer the test, including direct communication with the mayor. Once the case was clearly identified as positive and university affiliation was made public in early April (just the beginning of the new semester), all classes and student activities were put on a halt and delayed. They restarted two weeks later completely online. After another month, some essential practice classes have restarted offline since June, but everything else will remain online for the spring semester (until late July).

With regard to field placement, the following measures have been taken. Placement for Certified Social Worker training will be completely shifted to non-residential settings in form of community services. Since the field component in the Psychiatric Social Worker training also includes placement to psychiatric hospitals with inpatient care in special wards, online communication is to be utilized with instructors on the field while students themselves may stay in the school. Similarly, Certified Care Worker students are currently scheduled for in-house placement with online assignments from field instructors in care homes. As for School Social Worker training, it is the only placement that is to start in the regular format (at the local council of education), although still two months delayed.

Conclusion

This research has provided an overview of the context in Japan and the current COVID-19 situation. The culture and traditions of Japan have meant that self-restraint and high standards of hygiene have been enforced by community members, without the need of any government or Police intervention. COVID-19 has brought families together, however also increased risks of domestic violence and child abuse with close proximities and a lack of outside connection. Children, aging and other facilities have been put at risk to COVID-19 with ongoing fears of "clusters". Universities providing social work education have been impacted not only through the need to adapt to online learning, but also in regard to field education challenges.

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