Community Development with Japanese Settlers in Aotearoa New Zealand:
The Story of a Japanese Interdisciplinary Network Group in Auckland

Japanese Interagency Group
by SHOICHI ISOGAI and JUN OKAMURA

Article

Community Development with Japanese Settlers in Aotearoa New Zealand:
The Story of a Japanese Interdisciplinary Network Group in Auckland

Japanese Interagency Group
by **SHOICHI ISOGAI and JUN OKAMURA**

ABSTRACT

Over the past five years increased attention from Not-for-Profit-Organisations (NPOs) that support new Japanese settlers in Auckland suggests concern about resettlement needs, health inequality and social exclusion among these settlers. This community is growing due to an increase in the numbers of Japanese economic refugees after two significant disasters that occurred in Japan in 2011. Nevertheless, there are limited culturally-relevant resources and Japanese-oriented groups available for the community of Japanese settlers in Auckland. This paper presents a story of a strengths-based, interdisciplinary and Japanese-oriented project called the Japanese Interdisciplinary Network Group in Auckland (JINGA). It explains the development and a range of JINGA activities to facilitate the production of culturally-relevant resources amongst Japanese settlers, promote collaborative partnership amongst agencies, and inspire shared visions of full participation and supportive community networks amongst Japanese community leaders and professionals. Attention is given to the usefulness and limitations of the locality-development model to work effectively with an ethnic minority community, which takes the form of monthly professional meetings and collaborative seminars with other agencies and Japanese practitioners. The implications of this project on community development practice are also discussed. Ongoing engagement with Japanese community members and mainstream service providers promotes various services and supports them to engage with relevant services and/or groups, which is essential to create a supportive Japanese community that promotes a socially cohesive society in Aotearoa (indigenous people of Aotearoa New Zealand) New Zealand.

INTRODUCTION

We live in a global village where movements of people and culture commonly occur between countries, facilitated by forces of globalisation, the growth of tourism, the rapid expansion of multinational corporate companies, and the development of communication and information technologies (Shiobara, 2005; Noble, Henrickson and Han, 2009). While migration provides a new lifestyle and experience in a foreign country, it also creates numerous challenges for new settlers, including discrimination, social exclusion and health inequalities during their resettlement process.

There has been a rapid growth in the immigrant population in Aotearoa/New Zealand (hereafter referred to as Aotearoa) over the last few decades. Asians have emerged as one of the fastest growing groups in Aotearoa. Statistics New Zealand (2006) estimates that approximately 10% of the population is Asian. Of these Asian migrant groups, the Japanese community represents one of the top five largest Asian ethnic community groups (Ho and Bedford, 2008). The Ministry of Foreign Affairs of Japan (2014) states that approximately 15,807 Japanese settlers are living long-term or permanently in Aotearoa. There has been a gradual and steady growth in the numbers of Japanese

settlers, from fifteen in 1896 (Statistics New Zealand, 1896-2001, cited in Kuragasaki-Laughton, 2007) to 14,409 in 2013 (Ministry of Foreign Affairs of Japan, 2013). As Figure 1 illustrates, the Japanese settler population in Aotearoa increased by 18.6 percent from 2006 – 2013 (Statistics New Zealand, 2013).

Data from the 2013 Census suggests that 47.6% of Japanese settlers reside in the Auckland Region (6,720 people) with an estimated 15.3% of Japanese settlers living in the Waitemata Local Board area, 10.5% living in the Albert-Eden area, and 10.4% living in the Orakei Local Board area (Statistics New Zealand, 2013). Many Japanese settlers initially migrate to Aotearoa as working holiday visa holders, while other Japanese settlers have various other legal statuses, including citizenship, permanent residency, work-permit holders, international students and visitors (Kominami, 2014). 'Japanese settlers' in this paper is henceforth defined as a collective group of Japanese migrants who were born and bred in Japan (one of the east Asian countries) and entered Aotearoa under one of three immigration categories (skilled/business, family sponsored and international/humanitarian) (Ministry of Health, 2006). The terms settlers, migrants and immigrants are used interchangeably in this paper.

Internationally, the Japanese settlers' community is widely recognised in various countries and well-documented particularly in the USA (Yamashita, 2012) and Australia (Shiobara, 2005; Takeda, 2013). These scholars write that Japanese settlers, and their children and grandchildren, are generally assimilated into mainstream society (Shiobara, 2005; Yamashita, 2012). Nevertheless, the Japanese settlers' community in Aotearoa seems to be concealed, as this community consists of a range of small groups and voluntary organisations, scattered around the regions and tending not to engage with each other. Many Japanese settlers work in various occupations such as chefs or front-of-house staff in Japanese restaurants, tour guides, employees of corporate companies and Japanese language teachers (Kominami, 2014). In addition, there are a variety of small-scale Japanese-based groupings: coffee/playgroups for Japanese mothers, Japanese language classes, churches, sports clubs, and other support groups.

Nevertheless, despite ongoing migration of Japanese settlers into Aotearoa, there appears to be little acknowledgement or understanding of the existence of the Japanese settlers' community, or of available support services or professional and personal networks for them. This phenomenon is partly due to the particular characteristics of Japanese settlers, such as being independent, not insisting on their rights and the fact that they do not pass on information about themselves to other people or parties such as community services (Kuragasaki-Laughton, 2007; Tanaka, 1999). This has resulted in limited networking amongst Japanese professionals, community leaders and/or Japanese settlers. Another causal factor that may create an inconspicuousness of Japanese settlers in Aotearoa is that they are perceived as an indistinguishable part of the Asian population as a whole, rather than a specific ethnic category in various sectors (Rasanathan, Craig and Perkins, 2006). This homogenizing categorisation of the Asian ethnic population may be due to the 'hegemony of Western thought and its notion of universality' (Noble and Henrickson, 2011, p. 129), wherein people eliminate significant differences between Asians by attempting to homogenise richly and widely diverse cultures. These factors might have resulted in supressing the multiple realities of various minority ethnic community groups' social, cultural and political life experiences (Noble and Henrickson, 2011).

Figure 1. *Japanese settlers' group population in Aotearoa, 2013*
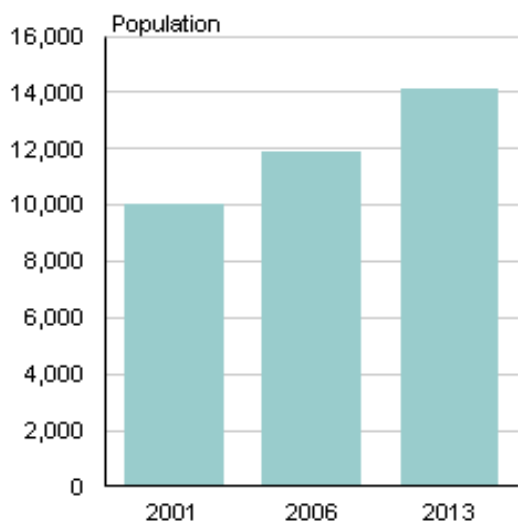
Source: Statistics New Zealand

Historically, Japanese settlers have been economic migrants, forced to leave Japan due to poverty (Sato, 2001). Nevertheless, Japanese settlers became lifestyle migrants as they migrated overseas, seeking a better lifestyle since the 1980s (O'Reilly, 2009). In this article, Japanese economic refugees are the main focus. The term 'Japanese economic refugees' refers to Japanese settlers who moved to Aotearoa with a hope of securing a safe, healthy and nuclear-free environment and seeking a new lifestyle. This is specifically due to two significant disasters in Japan, namely the Great East Japan Earthquake at Tōhoku (Higashi nihon daishinsai) in March, 2011 and the Fukushima Daiichi nuclear accident (Fukushima Daiichi genshiryoku hatsudensho jiko) in August, 2011 (Isogai, Ko and Nemoto, 2014). Despite the common perception of Japanese settlers as lifestyle migrants in Aotearoa (Johnston, 2009), there has been increased attention from not-for-profit organisations (NPOs) that supports Japanese settlers in Auckland, over the past few years. This suggests a growing concern about resettlement needs, health inequality and social exclusion among these new settlers. This increased concern is primarily due to the growth in the number of *Japanese economic refugees* in Aotearoa (Isogai, et al., 2013). This growing concern is also caused by the lack of Japanese-oriented social services and community groups, and insufficient collaboration amongst existing agencies and the Japanese settlers' community. In order to address these needs, a few NGOs that support Japanese settlers organised several

community network meetings amongst Japanese settlers' community members in Auckland. However, these initiatives lasted only about a year. These initiatives exposed the limited resources and paucity of culturally-relevant services available for Japanese clients living in Aotearoa to some Japanese social and health service practitioners, working in mainstream NPOs and District Health Boards (DHBs).

This paper presents a story of a strengths-based, interdisciplinary and Japanese-oriented project called the Japanese Interdisciplinary Network Group in Auckland[1] (hereafter referred to as the JINGA). The paper has two functions. Firstly, it explains the development of a range of JINGA activities that promote collaborative partnership amongst agencies, as well as inspire shared visions of full participation and supportive community networks amongst Japanese community leaders and professionals in Auckland. Secondly, it discusses the implications of the JINGA for community development practice, particularly the usefulness and limitations of the locality-development model for working effectively with an ethnic minority community, in the form of monthly professional meetings and collaborative seminars with other agencies and Japanese practitioners.

THE JINGA: THE BEGINNING

As noted earlier, few NPOs that support Japanese settlers have organised grassroots community development initiatives in Auckland. A network meeting for community leaders, organised by one of the NPOs in December 2012, found that several individual and community needs remained unaddressed. Such initiatives, including these community network meetings, were not maintained, due to the lack of partnership and collaboration between the Japanese settlers' local community groups and professionals in Auckland, and the pressures to complete the government contract. The government contract refers to the current funding model for community third sector organisations, known as the Pathways to Partnership strategy. Under this model, many community organisations are required to produce certain outcomes (or provide evidence of impact from their work) in a limited time (one or two years) (Aimers and Walker, 2008).

In May 2013, some Japanese practitioners and university students visited various NPOs that support Japanese settlers in Auckland, and also met each other individually to discuss the perceived needs of Japanese settlers. From the discussion, it became apparent that there were limited resources and culturally-relevant services available for Japanese clients living in Auckland. This was due to the contractual services outlined above, reflecting a neo-liberal agenda of service provision, which requires specific outcomes to be produced in Aotearoa (Chile, 2006). There was also a need for a consistent and professional group for Japanese practitioners, to support, encourage and challenge each other in a cross-disciplinary, peer supervision setting. Such a group enables practitioners to work with clients in a culturally appropriate manner. Cross-disciplinary peer supervision in this paper refers to a regular and in-depth reflection on professional practice, with an overarching aim of professional skills and competency development amongst practitioners from different disciplines (New Zealand Mentoring Centre, 2000; O'Donoghue, 2004).

In order to meet these needs, it was clear that Japanese practitioners, especially Japanese social workers, needed to find a new way of forming an effective, strategic and collaborative partnership (O'Brien, 2005) with Japanese community leaders and other professional migrant services and groups. Therefore, it was necessary for Japanese practitioners to be aware of how to work with Japanese clients in a culturally-appropriate way. It was also important to know how to access and utilise existing cultural resources to assist Japanese settlers to reach their optimal well-being. For these reasons, ten Japanese and Japanese-speaking practitioners (including practitioners who work in mainstream or private services in various fields, a Community Development Worker [CDWer] and two

Figure 2. The JINGA initial group relationship

Japanese and Japanese-speaking professionals, working in mainstream services

Japanese community leaders from local NPOs and University students

---
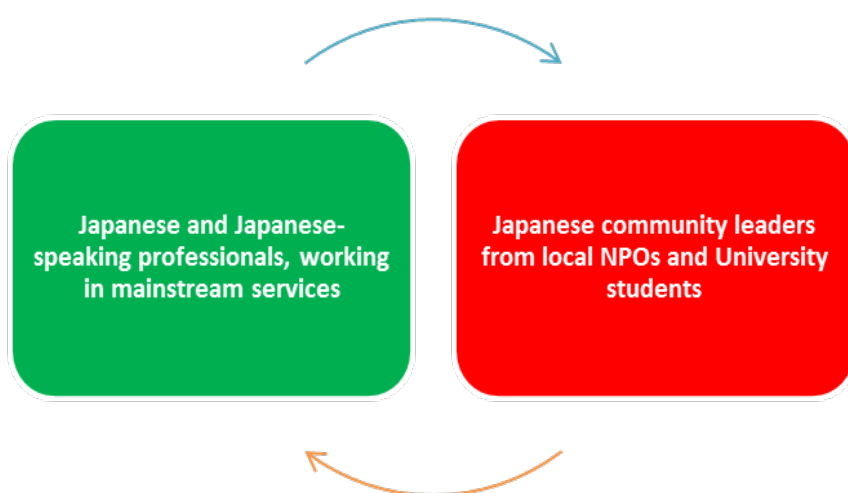
[1] The authors were members of JINGA. The authors also acknowledge that there were other JINGA and Japanese settlers' community leaders and members who played a vital role in the work of the JINGA project

university students) came together in July 2013 to form a strengths-based, interdisciplinary network group to discuss and gain an understanding of the current needs of Japanese living in the Auckland region in a professional and safe manner (Isogai, et al. 2013). JINGA's initial group relationship is illustrated in Figure 2.

Monthly professional meetings were agreed upon to share news and challenges faced by the current Japanese settlers' community. Their shared vision was to create supportive Japanese professional networking amongst Japanese professionals and Japanese community leaders from various local and mainstream agencies in Auckland. In order to achieve this vision, the JINGA members formulated the following objectives:

- To create and maintain a partnership amongst Japanese practitioners who are currently working in different services in Auckland.
- To provide a place for culturally-based cross-disciplinary peer supervision for Japanese practitioners. For example, JINGA members could support each other by offering encouragement and advice, sharing information, and engaging in intellectual and theoretical discussions based on case studies brought up by members.
- To facilitate readily accessible, culturally-appropriate resources for Japanese clients living in Auckland (Isogai, et al. 2013).

Following the establishment of the JINGA, some of the JINGA members discussed how the group can best address the needs of Japanese migrant mothers who are either pregnant or parenting. After the discussion, they decided that organising a collaborative and Japanese-oriented seminar between the JINGA and a local Japanese-based NPO was the best way to meet their needs, facilitating the production of cultural and professional resources to support them to gain necessary knowledge and skills. In September 2013, they delivered a seminar called 'First step to being a happy Japanese mother'. This seminar was designed to address issues of parenting in a foreign country and the lack of knowledge in social and health services in Aotearoa. The seminar was delivered in Japanese. A few volunteers were recruited for child-care while thirty-five Japanese migrant mothers attended. The seminar organisers received positive feedback from the participants and a few participants approached the JINGA members to join in the group.

This collaborative seminar was an opportunity for the JINGA to utilise a community development approach, using a locality-development model (Zastrow, 2010) to empower both local Japanese community leaders and settlers in Auckland. This model is a self-help, participatory model of change where professionals provide expertise, skills, support, encouragement and other resources to members of the community to facilitate change and empowerment. This model focusses greatly on self-determination and democratic process, as it requires community members to define the issues and develop strategies to address them (Zastrow, 2010).

A GROWTH OF THE COLLABORATIVE PARTNERSHIP AND ORGANISATIONAL CHANGES

As the monthly professional meetings continued to be held at various locations and the JINGA group vision was shared with Japanese practitioners, community leaders and members of the Japanese settlers' community, the scope of the group widened. For instance, a natural therapist (a health therapist who provides clients with treatments, using various natural techniques), a Japanese playgroup leader, a private counsellor and a PhD student joined the group. The JINGA members continued to discuss a range of challenges, including:

- Language and cultural barriers to accessing relevant services, such as parenting services in a foreign country;
- A lack of knowledge of or networks with Aotearoa social and health services and school/education systems;
- Sustainability of Japanese culture;
- Language and/or identity in a cross-cultural environment;
- Misguided information/advertisements about Aotearoa directed to Japanese settlers regarding benefits;
- Employment opportunities for commercial reasons – unemployment/underemployment;
- Mental health issues. (Isogai, Ko and Nemoto, 2014).

Some JINGA members proposed the formation of a Working Group (WG) to provide overall governance, strategic direction, and further engagement with other Japanese settlers and mainstream services. The JINGA WG was comprised of three members: a professional leader, a secretary and a group administrator. It met once a month to develop the purpose and direction of the JINGA, including the JINGA vision, values and core activities. As

a result of these meetings, the JINGA members reformulated the JINGA vision to promote collaborative partnership amongst agencies and inspire shared visions of full participation of Japanese settlers in Auckland. The JINGA members then created three new aims:

- To develop the JINGA as a professional group;
- To expand the professional and community network further;
- To function as a bridge between Japanese settlers and local and mainstream services.

A SHIFT FROM A PROFESSIONAL-BASED GROUP TO A COMMUNITY DEVELOPMENT GROUP

Several changes were thus made in the JINGA governance style and the philosophy of the group - from a Japanese practitioners' network group to being Japanese settlers' community-group focussed. Because of this philosophical shift in the group, the range of JINGA's relationships with partners widened, with the JINGA starting to collaborate with some mainstream service providers, Japanese community leaders, volunteers and new Japanese settlers' groups. For instance, one of the JINGA members joined the Asian Mental Health & Addiction Staff Forum (AMHASF), run by one of the DHBs, in order to establish a further professional network with mainstream service providers that support migrants and refugees in Auckland. This forum was comprised of a group of migrant practitioners from various Mental Health and Addiction (MH&A) services in Auckland (AMHASF, 2014, p.1).

Eventually, the JINGA partnership model evolved from a professional partnership that had been primarily for the purpose of cross-disciplinary peer supervision to Cross-Sector Social-Oriented Partnerships (CSSPs) amongst Japanese practitioners, some mainstream social and health service providers, local Japanese community leaders and volunteers and new Japanese settlers. CSSPs refers to '[t]he voluntary collaborative efforts of actors from organisations in two or more economic sectors in a forum in which they cooperatively attempt to solve a problem or issue of mutual concern that is in some way identified with a public policy agenda item' (Waddock, 1991, pp. 481-482). This form of partnership is long-term, open-ended and largely common-interest oriented (Selsky and Parker, 2005). After the transformation of the JINGA membership and its philosophy, members began to utilise the monthly professional meetings to meet the following aims:

1. Engaging with professionals from various backgrounds (such as police and general practitioners) as well as Japanese community leaders and members from various social, community and/or health services and/or groups.
2. Re-identifying and re-evaluating current events and challenges in the Japanese settlers' community in Auckland.
3. Mutually supporting each other by offering encouragement and advice.
4. Sharing professional expertise and practical skills.
5. Sharing valuable culturally-relevant resources and/or networks.
6. Promoting the shared vision of creating a socially cohesive society (that is, where all individuals and communities from different ethnic, cultural and linguistic backgrounds experience a sense of belonging and acknowledgement of their contributions [Ward, 2009]).

In the midst of these changes, a Japanese private life-coach (Mayuko) joined in February 2014. Afterwards, the JINGA decided to organise a collaborative seminar for Japanese female settlers and mothers, as the majority of Japanese settlers living in Aotearoa are female (Kuragasaki-Laughton, 2007; Tanaka, 1999). There is currently no Japanese-oriented support available for Japanese females, nor for single Japanese mothers in Auckland. While organising this seminar, the JINGA acted as both a cultural resource facilitator and a supporter of other Japanese-oriented groups.

Some JINGA members delivered a second collaborative seminar for Japanese female settlers with two Japanese-oriented, private life-coach services in April, 2014, called the 'Comfortable New Zealand Lifestyle for (Japanese) Ladies' seminar. This seminar was intended to meet the needs of young female Japanese settlers and Japanese migrant mothers in Auckland, by introducing them to Japanese practitioners working in several social and health services in Auckland. The seminar was intended to build cohesion within the Japanese settlers' community and create an environment where they are better able to create a new lifestyle in Auckland. Two organisers utilised Scratch Card fundraisers to raise funds for venue costs and refreshments. These seminar organisers also invited a Japanese practitioner from one of the NPOs and a vice-chairperson of the largest Japanese social group in Auckland to share their service information, parenting skills and life experience in Aotearoa. Seminar flyers were written in Japanese and distributed on professional network and Japanese-based websites such as NZ Daisuki. They also recruited a few Japanese volunteers for childcare services during the seminar session.

Twenty-five people attended this seminar and further needs and strategies were identified by both participants and seminar organisers in their evaluation forms. The majority of participants noted that they gained insight into various social and health services and Japanese local community groups available for them, and felt encouraged when hearing talks by Japanese guest speakers. At the completion of this seminar, they had time not only for evaluation but also celebration with the volunteers; the organizers ensured that the volunteers felt they played a valuable role in supporting Japanese community members.

PARTNERING WITH MAINSTREAM HEALTH SERVICES TO ADDRESS HEALTH INEQUALITIES

In response to the mental health needs of Japanese settlers, a third JINGA collaborative seminar held in October, 2014 was entitled 'Caring for the heart of Japanese settlers living in Auckland: For Japanese settlers to live happily in New Zealand'. This seminar was designed to address a range of mental health (MH) needs of Japanese settlers caused by the resettlement process, social exclusion, and parenting in a foreign/cross-cultural environment. It was organised in collaboration with three mainstream MH services (DHB, NGO and primary healthcare) and two private Japanese life-coaching services. The aims and method of the seminar were reported at the Asian Health Research National Symposium in July, 2014 (Isogai, Ko and Nemoto, 2014). In order to deliver this seminar, the JINGA utilised another community development approach, called the social planning model. This model utilises a problem-solving method to address community problems by allowing professionals/experts to identify specific needs in the community, develop strategic plans and deliver services to meet these needs (Zastrow, 2010). This model may involve minimal, moderate or extensive community engagement, depending on the community's thoughts and attitudes surrounding the identified issues (Zastrow, 2010).
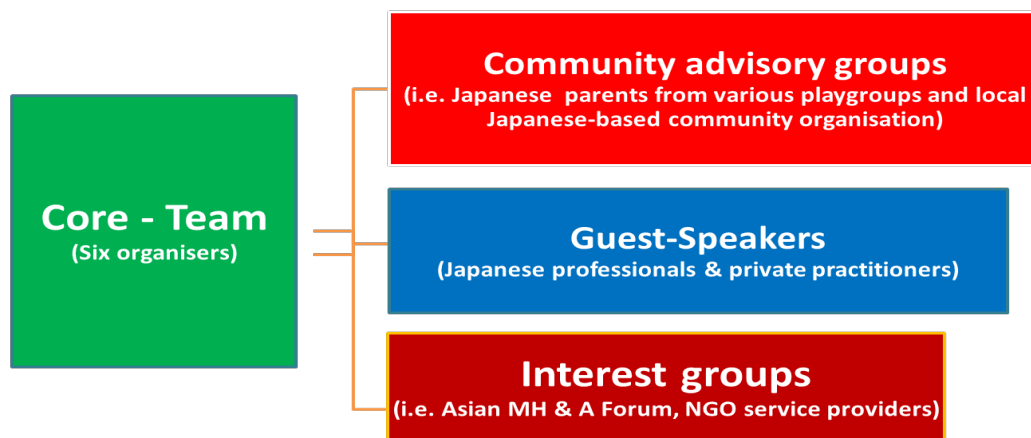
In order to utilise the social planning model to meet the mental health needs of Japanese settlers' community in a culturally-appropriate way, some JINGA members undertook the following procedure. First, together with an Asian service development coordinator from AMHASF, they agreed to organise and deliver a collaborative Japanese-oriented seminar project in conjunction with mental health awareness week. Then, the Japanese Mental Health Interagency Group (JMHIG) was created after mental health service providers and professionals from both Asian mental health and addiction forum groups and the JINGA were sought. In this group, the Asian service development coordinator formed a core organising team with the JINGA members for the project by inviting key service providers. They also invited two Japanese-oriented private life-coach service providers in order to utilise our previous seminar organising experiences, feedback, network and shared ideas.

Following the establishment of the JMHIG, a community advisory group was formed to instigate further consultations and gather information about specific mental health issues and their causal factors from various local agencies and key informants. This method enabled JMHIG members to combine their professional expertise. For instance, one of the authors of this paper, Shoichi Isogai, met several times with a local Japanese advisor with a background in marketing in Japan to form the community advisory groups by inviting several Japanese local community groups and leaders. Through consultations with the community advisory group, several factors which cause mental health issues amongst Japanese settlers were identified. These include ongoing stress due to cross-cultural parenting, social isolation in a foreign environment, mental health and behavioural concerns in children, and difficulties in seeking a new lifestyle and identity in a foreign country.

Figure 3. **Japanese MH Interagency Seminar project design (Isogai, Ko and Nemoto, 2014)**

Following these consultations, an Asian service development coordinator and Isogai made a list of potential Japanese guest speakers from various professions for JMHIG. After having several discussions with the JMHIG members, the following guest speakers and panels were chosen: a local Japanese advisor and community advisory group, a Japanese clinical psychologist, a psychotherapist, a natural therapist and two life-

coaches. Following their acceptance of invitations to be guest speakers, the JMHIG members invited the speakers to attend the collaborative seminar project meeting and get to know one another. This was to avoid the guest speakers presenting similar talks, as well as to share cultural knowledge, networks and practices in order to strengthen partnerships - in keeping with the JINGA vision. This collaborative seminar project design is illustrated in Figure 3.

In order to ensure that this seminar would consider the range of mental health needs of Japanese settlers – and in particular, address discrimination and stigma surrounding MH issues – the JINGA members utilised para-modern epistemology in the cultural consultations and interagency seminar preparation meetings. Para-Modernism refers to an epistemological stance that encompasses both modern (more mainstream or professional) and postmodern (more locality-based) metaphors in order to explore and socially co-construct knowledge (Larner, 1994). This approach involves service users (members of the Japanese community) and professionals working through ideas and strategies in collaboration with one another (Larner, 1994). After several consultations and seminar preparation meetings with community advisory groups and guest speakers, JINGA agreed to organise a third collaborative seminar, called 'Caring for the heart of Japanese settlers'. This was designed to address a range of mental health concerns and their causes.

To organize fundraising for this project, JMHIG members invited one of the Japanese life coaches to become a member of JMHIG in the role of fundraising coordinator. JMHIG continued to gain cultural inputs and network support from members of community advisory groups. After discussions with members, the seminar organisers decided to sell boxes of chocolates as a fundraising method. They also recruited ten Japanese childcare volunteers to provide childcare services during the seminar. One of the organisers prepared seminar certificates for Japanese childcare volunteers. There were difficulties in finding a venue where many Japanese settlers could attend this seminar easily, but JMHIG eventually decided to use one of the venues close to Auckland's central city. Seminar flyers were written in both English and Japanese and distributed in the networks of Asian mental health and addiction professionals, and in local Japanese networks (and on local Japanese websites), as well as among the guest-speakers' contacts. Based on the feedback that was received from JINGA's second collaborative seminar, the organisers incorporated a group discussion after the each talk to provide an opportunity for seminar participants to form a peer-support group amongst themselves.

Forty-seven settlers along with eighteen children attended this seminar. Various mainstream service providers and Japanese community leaders also attended, gained insight into the JINGA visions and expressed their interest in collaborating with JINGA members for the next seminar. As with the previous collaborative seminar, there was an evaluation and celebration time with Japanese volunteers, including the provision of volunteer certificates. This made them feel valued for supporting Japanese community members, and strengthened community networks amongst themselves. According to the seminar evaluation forms, the majority of participants gained a deeper understanding of mental health concerns amongst Japanese children and parents, and became more willing to seek mental health services, including mental health first aid training offered by one of the organisers (Japanese Mental Health Interagency Group, 2014).

Despite the active engagements and tasks undertaken by the JINGA members, there was a challenge in the membership commitment within the JINGA. The JINGA members discussed the future direction of JINGA and concluded that it would be changed from a professional-led group to a Japanese female service, and users-led, networking group. After the JMHIG delivered a 'Caring for the heart of Japanese settlers living in Auckland' seminar in October 2014, JINGA therefore transformed into a Japanese women's community support network group, called 'Auckland Women Support Network' (AWSN). This group was organised and led by Reiko Yanai. The overarching aim of the group is to meet the needs of Japanese female settlers as there is currently no support available for them. AWSN utilises a social action model for more radical change, discussed below.

DISCUSSION AND IMPLICATIONS FOR COMMUNITY DEVELOPMENT PRACTICES

What can be learnt from this collaborative Japanese-oriented project? This paper illustrates that working with Japanese settlers requires an understanding of the issues at both the micro level (individuals' integration and resettlement) and the macro level (the lack of networking amongst Japanese practitioners and the paucity of cultural resources available for Japanese settlers in Auckland). As illustrated in the story above, the JINGA project provided some unique approaches and insights into community development practices. One of the innovative aspects of this project is that it created a grassroots initiative that enabled Japanese professionals and community leaders to form a partnership amongst themselves and a new style of social governance to address common issues, regardless of the contractualism and neo-liberal agenda which creates destructive competition amongst different organisations, particularly in the health sector (Larner and Craig, 2005).

A creative aspect of this project is its Japanese-oriented, cross-disciplinary peer supervision amongst Japanese practitioners and Japanese community leaders. At the beginning stages of the JINGA, members organised these peer-supervision sessions to facilitate a Japanese professional network, culturally-appropriate resources, and information about current news and challenges within the Japanese settlers' community in Auckland. This allowed many practitioners - working both in DHBs and NGOs - to develop culturally-appropriate and accessible resources, long-term work which facilitates long-term social change, where Japanese community leaders and professionals achieve the JINGA vision. This includes the formation of AWSN and JMHIG. Japanese-oriented, cross-disciplinary peer supervision also enabled the JINGA members to enhance their cultural competency and professional expertise to work with Japanese settlers (O'Donoghue, 2004).

The findings of this project illustrate the usefulness of the locality-development model. By utilising this model, JINGA played a variety of roles such as enablers, coordinators and educators, to support Japanese settlers to gain problem-solving skills as well as relevant service and community knowledge. This was hoped to inspire a shared vision of full participation and creating a supportive Japanese settlers' community in Auckland (Zastrow, 2010). This model is closely related to a community empowerment approach, because it emphasizes the process of allowing communities to create 'power to act effectively to change their lives and environment' (Kasmel and Andersen, 2011, p. 800). In doing so, they will improve the participation and integration of settlers and their communities in a wider society (Dominelli, 2010).

One of the ways in which the JINGA utilised the locality-development model is via monthly professional meetings amongst Japanese professionals, community leaders and members of local Japanese settlers' communities in Auckland. During the professional network meetings, the JINGA WG members acted as facilitators of communication, discussion, consensus and social interaction. This model was effective in developing supportive networks and facilitating the production of cultural resources and social and health service knowledge for Japanese practitioners, community leaders and members. The locality-development model was also utilised via the collaborative seminars to create foundations that will enable Japanese settlers to bring about change and empowerment (Zastrow, 2010) in partnership with different groups and organisations. These collaborative seminars empowered the Japanese settlers' community in Auckland as they were able to meet with Japanese professionals from social, community and health services and gain knowledge and information about local communities and social and health service systems in the host society. They also created opportunities for Japanese settlers to form a peer-support network group that enhanced their social networks and secured emotional support amongst themselves (Kasmel and Andersen, 2011).

Nevertheless, the locality-development model had limitations when addressing certain needs of the Japanese settlers' community, such as MH needs. This model requires the community to take ownership in definning and developing strategies to address issues faced by the community. However, some issues such as MH (depression, autism and child development issues), as well as family violence and associated stigmatisation and discrimination, require professional expertise to identify, develop intervention plans and deliver appropriate services. For these reasons, as explained previously, the JINGA utilised the social planning model to address a range of MH needs in its third collaborative seminar In order to integrate professional expertise and Japanese settlers' community perspectives when addressing MH issues in the community. Para-modern epistemology was utilised in preparations for the third JINGA seminar. For instance, the seminar organisers stood 'from a position that is simultaneously inside and outside' of professional expertise (Larner, 1994, p. 15). Standing inside, the seminar organisers held professional/specialist views of Japanese settlers' community needs (depression, loss of identity, difficulties with assimilation and with parenting, couple counselling and child development issues), whereas in standing outside they believed in many other possibilities (such as ongoing stress due to the resettlement process, problems with cross-cultural parenting, social isolation in a foreign environment, and difficulties in seeking a new lifestyle and identity in a foreign country) (Larner, 1994). Because of this approach, the seminar organisers were able to include a group discussion and mental health training opportunity for Japanese settlers (mental health first aid training) while also creating an opportunity for them to form a peer-group amongst themselves.

Ultimately, the JINGA project utilised three main community development models as the project evolved from professional-based into a community development group. Initially, the JINGA utilised the locality-development model to facilitate community members taking ownership of the community issues; at this stage the JINGA successfully formed a professional-based group amongst Japanese sector practitioners and organised two collaborative seminars. In response to specific community concerns, which required professional expertise, the JINGA used the social planning model with a para-modern approach. Lastly, as the JINGA became a Japanese women's community support network group (AWSN), they started using a Social Action model. This model emphasises shifting power relationships with reference to oppressed and/or disadvantaged groups by organising members and aiming to effect major change in institutions or policies of groups and organisations in order to bring

about a just society. The activity of this model includes advocacy, negotiation, confrontation and contestation (Zastrow, 2010). This community development model was sought for the Japanese settlers' community to bring about radical change and social cohesiveness.

CHALLENGES

There were several challenges faced by the JINGA while undertaking this project. One was the competition amongst local Japanese community groups and mainstream agencies. Because of the contract-based service provision, fuelled by a neo-liberal agenda, competition is created amongst different organisations. Consequently, some agencies were initially hesitant to partner with JINGA. In order to address this challenge, some JINGA members visited various local community groups and agencies, sharing our vision to inspire and form partnerships with them. Despite this, some agencies continued to decline to be part of JINGA.

Another challenge was the commitment of group members due to time and geographical constraints. It was difficult to find a specific time and location for the monthly professional meetings as many Japanese practitioners from different agencies and local Japanese community leaders were occupied with full-time work around the Auckland region. Nurturing skills such as leadership for Japanese settlers, and assisting Japanese community leaders to develop expertise in areas such as partnering with mainstream organisations, group facilitation and collaborative seminar organisation skills, were additional challenges faced by the JINGA. Because this project was initially organised and led by Japanese professionals, time was required for the skills to be nurtured in other JINGA community members.

CONCLUSION

Despite constant changes in group philosophy and aims, the JINGA project has been successful in establishing the first step towards a social change movement where a supportive Japanese settlers' community will be established. Japanese settlers, Japanese community leaders and professionals from various groups and organisations will be able to identify and promote shared visions of full participation and create this community. This project also established a variety of networks and a collaborative partnership amongst Japanese practitioners, Japanese community leaders and members, and mainstream service providers. While the locality-development model, in the form of the monthly professional meetings and the collaborative seminars, was effective in initiating change in the Japanese community, the social planning model was useful in defining and addressing particular issues in the community that required professional expertise. Together, these two models enabled the sharing of professional expertise, cultural resources and networks for various Japanese professionals, local Japanese community groups and mainstream service providers – inspiring them to unite to achieve the shared visions of the original JINGA members. Even though this group project was disestablished, three Japanese-oriented groups (Japanese Interagency Group, AWSN and JMHIG) continue to engage with various Japanese community members and mainstream service providers to achieve the JINGA vision.

Shoichi Isogai and Jun Okamura are from the Japanese Interagency Group (JIG)
14 Horizon Place, Flagstaff, Hamilton, New Zealand
Phone: 0212129181
*Contact: **shomatters0202@gmail.com***

REFERENCES

Aimers, J. and Walker, P. (2008) Is community accountability a casualty of government partnering in New Zealand? *Social Work Review*, **20**(3), 14 – 24.

Chile, L. M. (2006). The historical context of community development in Aotearoa New Zealand, *Community Development Journal*, **41**(4), 407 – 425.

Dominelli, L., ed. (2010). Revitalising commmunities: Introduction and globalising communities: Players and non players. In L. Dominelli, eds, *Social work in a globalising world*, Ashgate Publishing Limited, United Kingdom, pp. 3-15.

Ho, E. and Bedford, R. (2008). Asian transnational families in New Zealand: Dynamics and challenges, *International Migration*, **46**(4): 41-62.

Isogai, S., Ko, K. and Nemoto, M. (2014). 'Caring the heart of Japanese settlers, living in Auckland: A collaborative project to advocate the mental health needs of Japanese settlers and building their capacity to deal with mental health concerns in Auckland', paper presented at the Asian Health Research National Symposium. 4 July 2014, University of Auckland, Auckland, New Zealand.

Isogai, S., Nakajima, A,. Kasuga, M., Okamura, J. and Miyauchi, N. (2013). *Japanese Interdisciplinary Network Group in Auckland (JINGA) foundation document*, JINGA, Auckland, New Zealand.

Japanese Mental Health Interagency Group. (2014). *Caring for the heart of Japanese settlers, living in Auckland on October, 2014: Seminar evaluation result*. Unpublished paper, JMHIG, Auckland, New Zealand.

Johnston, C. S. (2009). Japanese "long term stayers": using their experiences in New Zealand to help resolve declining Japanese tourist numbers. In Y. Maruma, N. Sajima. And S. Lim, eds, *The Roles of New Zealand and Japan in the Asia-Pacific: From standpoints of Security, Economy and Cultural Exchange*, Ronsosha Publishing House, Tokyo, Japan.

Kasmel, A. and Andersen, P. T. (2011). Measurement of commmunity empowerment in three community programs in Rapla (Estonia), *International Journal of Environmental Research and Public Health*, **8**(3), 799 – 817. Doi:10.3390/ijerph8030799.

Kominami, H. (2014). *"Moving toward diverse cultural communities": Lost in translation – When the Sakura cherry blossom meets the Puhutukawa: What are the opportunities and challenges facing Japanese migrants in Aotearoa/New Zealand?* UNITEC, Master's thesis, Auckland, New Zealand.

Kuragasaki-Laughton, A. (2007). *The Japanese migrant community in Christchurch: The quest for new values and identity,* University of Canterbury, Master's thesis, Christchurch, New Zealand.

Larner, G. (1994). Para-Modern family therapy: deconstructing post-modernism, *A.N.Z.J. Family Therapy*, **15**(1), 11-16.

Larner, W. and Craig, D. (2005). After neoliberalism? Community activism and local partnerships in Aotearoa New Zealand, *Antipode*, **37**(3), 402 – 424.

Ministry of Foreign Affairs of Japan (1997). *Annual Report of Japanese nationals overseas*, Ministry of Foreign Affairs of Japan, Tokyo, Japan.

Ministry of Foreign Affairs of Japan (2013). *Annual Report of Japanese nationals overseas.* Ministry of Foreign Affairs of Japan, Tokyo, Japan.

Ministry of Foreign Affairs of Japan (2014). *Annual Report of Japanese nationals overseas.* Ministry of Foreign Affairs of Japan, Tokyo, Japan.

Ministry of Health (2006). *Asian Health Chart Book 2006*, Ministry of Health, Wellington, New Zealand.

New Zealand Mentoring Centre. (2000). *The Power of Peer Supervision*, NZ Mentoring Centre, Auckland.

Noble, C. and Henrickson, M. (2011). Editorial: after neo-liberalism, new managerialism and postmodernism, what next for social work? *Journal of Social Work*, **11**(2), 128-131.

Noble, C., Henrickson, M. and Han, I. Y. (2009). Social Work: Conversations, challenges, cultures and complexities*,* In C. Noble, M. Henrickson, and I. Y. Han, eds, *Social work education: Voices from the Asia – Pacific*, The Vulgar Press, Melbourne, Australia, pp. 1 – 4.

O'Brien, M. (2005). A just profession or just a profession, *Social Work Review*, **17**(1), 13 – 22.

O'Donoghue, K. (2004). Uniprofessional, multiprofessional, field of practice, discipline: social workers and cross-disciplinary supervision, *Social Work Review*, **16**(3), 2 – 7.

O'Reilly, K. (2009). *The British on the Costa del Sol: transactional identities and local communities*, Routledge, London, United Kingdom.

Rasanathan, K., Craig, D. and Perkins, R. (2006). The novel use of 'Asian' as an ethnic category in the New Zealand health sector, *Ethnicity and Health*, **11**(3), 211 – 227.

Sato, M. (2001). *Farewell to Nippon*, Trans Pacific Press, Melbourne, Australia.

Selsky, J. W. and Parker, B. (2005). Cross-sector partnerships to address social issues: Challenges to theory and practice, *Journal of Management*, **31**, 849 – 873.

Shiobara, Y. (2005). Middle-class Asian immigrants and welfare multiculturalism: a case study of a Japanese community organisation in Sydney, *Asian Studies Review*, **29**, 395 – 414.

Statistics New Zealand. (2006). *Employment, Earnings and Income Statistics from LEED*, Statistics New Zealand, Wellington, New Zealand.

Statistics New Zealand. (2013). *2013 census ethnic group profiles: Japanese*, Statistics New Zealand, accessed at: http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request_value=24753&tabname=Populationandgeography (22 January, 2015)

Takeda, A. (2013). Weblog narratives of Japanese migrant women in Australia: Consequences of international mobility and migration, *International Journal of Intercultural Relations,* **37**(4), 415 – 421.

Tanaka, K. (1999). Characteristics of Japanese residents in New Zealand: A comparison with other ethnic groups, *Asian Studies Review*, **23**(1), 69 – 92.

Yamashita, A. (2012). A study on Nikkei Hawaiian Japanese, *Dialectologia*, **9**, 109-131.

Waddock, S. (1991). A typology of social partnership organisations, *Administration and Society*, **22**(4), 480 – 516.

Ward, C. (2009). Acculturation and social cohesion: Emerging issues for Asian Immigrants in New Zealand, In C. H. Leong and J. W. Berry, eds, *Intercultural relations in Asia: Migration and work effectiveness*, World Scientific Publishing, Singapore, pp. 3 – 24.

Zastrow, C. (2010) *The practice of social work: a comprehensive worktext*, 9th Edition. Brooks/Cole Publishing Company, Belmont, CA.