

Significance of Supporting Needy Families at Children's Specialty Clinics

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Background and objective

The child poverty rate in Japan remains high at about 14%. Society must do more to eliminate children in poverty. However, in many cases, children in poverty do not become apparent. It is important to find and support those children in poverty who do not manifest themselves. When a child is seen by a clinic for an illness, the background of the illness is interviewed, which makes it easier to detect children in poverty. We will examine the support that clinics can provide to children in poverty and test its effectiveness.

Methods/intervention

To summarize the support for children in poverty that has been provided at our clinic over the past year (2023), and to verify what effect it has had.

Results (Jan/2023–Dec/2023 one year)

Children's Cafeteria (Kodomo syokudo)

14 times: Once a month, socialize over play and dinner. Optional: swimming in the pool during summer vacation and Christmas party during winter vacation. About 20 participants each time.

Hikes for children 6 times: on Sundays, by train or boat, in the mountains or on islands; about 30 participants

Camp 1 time: Summer vacation, swimming in the river and climbing mountains. Two days and one night, about 30 participants

Cycling 1 time: spring break. One day Cycling across the Seto Inland Sea: about 30 participants.

Food Aid, 24 or more times: Rice, snacks, vegetables, and meat are given during outpatient clinics.

Clothing Aid 4 or more times: Clothing is given at the change of seasons.

Food and Clothing Aid

Local residents and members of the cooperative have been sharing the donations to the children's cafeteria and to those in need. The donations are given during outpatient visits and at the children's cafeteria.



Target children being invited

Children's Cafeteria (Kodomo syokudo)

Open time : One Saturday a month from 16:00 to 19:00

- Children in poverty
- Children who have been neglected
- Children with developmental disabilities
- Single-parent families
- Children who are not attending school
- Obese children
- Other (All except those listed above.)

When connections are made at the children's cafeteria, we learn about the environment in which the children are placed. Also, a relationship of trust can be established with the families. In this way, we can provide further support.



Participants in the children's cafeteria (Excluding general participants)

	Diagnosis	Age	Family income	Family condition
1	Attachment disorder	16	Poverty	Abuse /Mother Alcohol abuse
2	ASD(Autism Spectrum Disorder)	10	Poverty	
3	ASD	7	Poverty	
4	なし	14	Poverty	Mother has depression
5	なし	11	Poverty	a single mother family
6	ASD/Mental Retardation	15	Poverty	Both parents have Mental Disabilities
7	ASD/Mental Retardation	11	Poverty	Both parents have Mental Disabilities
8	Normal	8	Poverty	Big Brother is ASD /a single mother family
9	Normal	9	Non Poverty	mother has an anxiety disorder.
10	ASD obesity	9	Non Poverty	
11	ASD/Mental Retardation	8	Poverty	a single mother family

Children from poor families have few opportunities to improve their health.

Children in Poverty are free.

Hiking

Children with obesity and developmental disabilities also participate. Held every other month. This is a valuable outdoor cultural experience because of the Corona Disaster and limited outings.



Cycling in Spring Vacation

Capacity of 40 children for 3rd grade elementary school students and up. Children will complete 40 kilometers and gain a supreme sense of accomplishment. Cycling on the Setouchi Shimanami Kaido (Setouchi Shimanami Sea Route), a "Mecca for cyclists," is a great way to enjoy the sea breeze!



Summer Camp in Summer Vacation

Two days and one night, the first day is spent playing in the river, and the second day is spent climbing the highest mountain in Shikoku.



Conclusions/lessons learned

Each time the children in poverty participated in the project, they were able to connect with the staff and volunteers. They became more familiar with the clinic. Prevention of truancy and interruption of medical treatment. By conducting outpatient projects (food Aid, clothing Aid, etc.), we were able to make a broad appeal to society about the need for support for children in poverty.

For example, sister and brother we have supported since they were 8 and 10 years old grew up in a single-parent home and was abused by their mother (a depressive and alcoholic), but with help from us and other support groups, they graduated from high school and is now independent. They are able to escape from poverty.